

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30326

FILED
Apr 10, 2007
Secretary of State

Entity Name: NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

Current Principal Place of Business:

210 UNIVERSITY DR.,
SUITE 600
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

210 UNIVERSITY DR.,
SUITE 600
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 52-1462212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERDUIN, VIRGINIA E
210 UNIVERSITY DR
STE 600
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: POLLACK, BURTON R.,
Address: 9 WATSEEDGE WAY
City-St-Zip: PORT JEFFERSON, NY 11777

Title: D () Delete
Name: BREITWEISER, RICHARD
Address: 78 BOULEVARD
City-St-Zip: WESTWOOD, NJ 07675

Title: D () Delete
Name: TRAPANI, KEVIN A
Address: 2801 SLATER ROAD #110
City-St-Zip: MORRISVILLE, NC 27560

Title: STD () Delete
Name: VIRGINIA E VERDUIN,
Address: 210 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: HIMMELFARB, ROBERT
Address: 8220 MUIR HEAD CIRCLE
City-St-Zip: BOYNTON BCH, FL 33437

Title: D () Delete
Name: NEMETH, JAMES
Address: 229 SEVENTH ST #301
City-St-Zip: GARDEN CITY, FL 11530

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA E. VERDUIN

STD

04/10/2007

Electronic Signature of Signing Officer or Director

Date