


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90391 048 ****61.25

DOCUMENT # P30326 1. Entity Name NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.					
Principal Place of Business 210 UNIVERSITY DR., SUITE 600 CORAL SPRINGS, FL 33071			Mailing Address 210 UNIVERSITY DR., SUITE 600 CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1462212	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VERDUIN, VIRGINIA E 210 UNIVERSITY DR STE 600 CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC POLLACK, BURTON R. 9 WATSEEDGE WAY PORT JEFFERSON, NY 11777 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 CYPRESS RIDGE COURT JONESBOROUGH, TN 37659 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREITWEISER, RICHARD 78 BOULEVARD WESTWOOD, NJ 07675 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAPANI, KEVIN A 2801 SLATER ROAD #110 MORRISVILLE, NC 27560 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VIRGINIA E VERDUIN 210 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMMELFARB, ROBERT 8220 MUIR HEAD CIRCLE BOYNTON BCH, FL 33437 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13948 REAL QUITE COURT GAINSVILLE, VA 20155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMETH, JAMES 229 SEVENTH ST #301 GARDEN CITY, FL 11530 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Virginia E Verduin</u> VIRGINIA E VERDUIN			4/3/08		800-237-9429
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

ATTACHMENT
40086827
#P30326

NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

BOARD OF DIRECTORS

2008

NAME	ADDRESS	POSITION
PC Burton R. Pollack	41 Cypress Ridge Court Jonesborough, TN 37659	President & Chairman of Board
D Philip Barbell	5832 NW 56 th Drive Coral Springs, FL 33067	Director
D Robert Himmelfarb	13948 Real Quite Court Gainsville, VA 20155	Director
D Paul Sauchelli	25 Knightsbridge Watchung, NJ 07069	Director
D James R. Nemeth	229 Seventh Street, Suite 301 Garden City, NY 11530	Director
D Michael Peterman	4010 NW 72 Avenue Coral Springs, FL 33065	Director
D Michael Loughran	Affinity Insurance Services 159 East County Line Road Hatboro, PA 19040	Director
D Calvin Johnson	Affinity Insurance Services 159 East County Line Road Hatboro, PA 19040	Director
D Mark Buczko	Affinity Insurance Services 300 South Wacker Chicago, IL 60606	Director
STD Virginia E. Verduin	1425 Misty Glen Lane Clermont, FL 34711	Secretary/Treasurer Director