

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90139 034 ****61.25

DOCUMENT # P30326

1. Entity Name

NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.



Principal Place of Business

**210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS FL 33071**

Mailing Address

**210 UNIVERSITY DR.,
SUITE 900
CORAL SPRINGS FL 33071
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-1462212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent.

**VERDUIN, VIRGINIA E
210 UNIVERSITY DR
STE 900
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete
NAME **POLLACK, BURTON R.**
STREET ADDRESS **9 WATSEEDGE WAY**
CITY-ST-ZIP **PORT JEFFERSON NY 11777**

TITLE **D** ☐ Delete
NAME **BREITWEISER, RICHARD**
STREET ADDRESS **78 BOULEVARD**
CITY-ST-ZIP **WESTWOOD NJ 07675**

TITLE **D** ☐ Delete
NAME **TRAPANI, KEVIN A**
STREET ADDRESS **2801 SLATER ROAD #110**
CITY-ST-ZIP **MORRISVILLE NC 27560**

TITLE **STD** ☐ Delete
NAME **VIRGINIA E VERDUIN**
STREET ADDRESS **210 UNIVERSITY DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **D** ☐ Delete
NAME **HIMMELFARB, ROBERT**
STREET ADDRESS **8220 MUIR HEAD CIRCLE**
CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **D** ☐ Delete
NAME **NEMETH, JAMES**
STREET ADDRESS **229 SEVENTH ST #301**
CITY-ST-ZIP **GARDEN CITY FL 11530**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Barbell, Philip**
STREET ADDRESS **5832 56th Drive**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ Change ☐ Addition
NAME **Khan, Aleem**
STREET ADDRESS **210 University Drive, #900**
CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **D** ☐ Change ☐ Addition
NAME **Murphy, Maria**
STREET ADDRESS **46 Barbara Road**
CITY-ST-ZIP **Dumont, NJ 07628**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: VIRGINIA E VERDUIN

2/26/03 800-337-9429 x 1058

CR2E037 (10/02)