

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

FILED
Mar 30, 2019
Secretary of State
2344683345CC

Entity Name: DENTAL SOCIETY OF GREATER ORLANDO, INC.

Current Principal Place of Business:

800 N. MILLS AVENUE
ORLANDO, FL 32803-1022

Current Mailing Address:

800 N. MILLS AVENUE
ORLANDO, FL 32803-1022

FEI Number: 23-7098111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMILTON, SHARON N
800 N. MILLS AVENUE
ORLANDO, FL 32803-1022 US

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

Officer/Director Detail :

Title TREASURER
Name CLARK-CARLYLE, KIMBERLY DR.
Address 8255 LEE VISTA BLVD
 SUITE D
City-State-Zip: ORLANDO FL 32829

Title DIRECTOR
Name KAHN, BERNARD DR.
Address 926 N MAITLAND AVE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name COHEN, SCOTT DR.
Address 801 W. MORSE BLVED
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name FLATLEY, JAMES DR
Address 4267 W. LAKE MARY BLVD
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name JOSEPH, BONGIORNO DR
Address 801 N. MAGNOLIA AVE
 STE 105
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name HOLEHOUSE, THOMAS DR.
Address 13301 LAGO VISTA DRIVE
City-State-Zip: WINTER GARDEN FL 34787

Title DIRECTOR
Name TRAN, DIANE DR.
Address 12278 E. COLONIAL DRIVE
 SUITE 100
City-State-Zip: ORLANDO FL 32826

Title PRESIDENT
Name BATTLE, JASON
Address 448 S. ALAFAYA TRAL
 #10
City-State-Zip: ORLANDO FL 32828

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: JASON BATTLE

PRESIDENT

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WONG, ANTHONY
Address 330 SS, LAKE SHORE WAY
City-State-Zip: LAKE ALFRED FL 33850

Title VP
Name BERTOT, CARLOS
Address 1650 N. MAITLAND AVE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BLUE, DAVID
Address 3025 ALOMA AVENUE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name GORDY-MCHUGH, CAROLINE
Address 1216 EDGEWATER DRIVE
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name RAWAL, SUNDEEP
Address 2180 NORTH COURTENEY PKWY
City-State-Zip: MERRITT ISLAND FL 32453-

Title DIRECTOR
Name ISAACS, MARY
Address 5965 RED BUG LAKE RD
City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR
Name MILLER, CLAYTON
Address 201 MAITLAND AVE
SUITE 1013
City-State-Zip: ALTAMONTE SPRINGS FL 32701-