

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

FILED
Jan 10, 2017
Secretary of State
CC5724402563

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: Yes

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 MARRIS, CURTIS KARY DR.
Address 12780 WATERFORD LAKES PKWY
 130
City-State-Zip: ORLANDO FL 32828

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

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

Title DIRECTOR
Name COOK, GARY DR
Address 2718 N ORANGE AVE STE A
City-State-Zip: ORLANDO FL 32804

Title VP
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 PRESIDENT
Name ZAK, BRETT DR.
Address 609 MAITLAND AVE
 STE 1
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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

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: BRETT ZAK

PRESIDENT

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name KENNEDY, ED
Address 910 WILLISTON PARK PT
SUITE 1050
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name ANDERSON, BRYANT
Address 1431 HOWELL BRANCH RD
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name ORTIZ-CASTILLO, EVELYN DR.
Address 4808 BROAD STREET
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name BONN, KEVIN
Address 570 RINEHARD RD
STE 110
City-State-Zip: LAKE MARY FL 32746

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