

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718462

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 BERTOT, CARLOS DR.
Address 1650 N. MAITLAND AVE
City-State-Zip: MAITLAND FL 32789

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

Title DIRECTOR
Name MCCORKLE, MICHAEL DR.
Address 605 DELANEY AVE
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name CROFTON, DANIEL DR.
Address 1095 TOWN CENTER DRIVE
City-State-Zip: ORANGE CITY FL 32763

Title INCOMING PRESIDENT
Name COHEN, SCOTT DR.
Address 801 W. MORSE BLVD
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 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

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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: DANIEL J. CROFTON

PRESIDENT

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name MARRIS, KARY DR.
Address 12780 WATERFORD LAKES PKWY
SUITE 130
City-State-Zip: ORLANDO FL 32828

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