

**2021 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           MCCAULEY, SCOTT DR.  
Address       609 MAITLAND AVENUE  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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

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

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

**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: CLAYTON MILLER**

**PRESIDENT**

**03/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name WRIGHT, ARNELLE DR.  
Address 767 ORANGE BLOSSOM TRL.  
City-State-Zip: APOPKA FL 32703

Title DIR  
Name COTE, LEE DR.  
Address 195 W HIGHLAND ST  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title SECRETARY  
Name THOMAS, DONALD DR.  
Address 201 N. LAKEMONT AVE STE 300  
City-State-Zip: WINTER PARK FL 32792-

Title DIRECTOR  
Name CORREIA, ALMA DR.  
Address 2120 ALAQUA LAKES BLVD  
City-State-Zip: LNGWOOD FL 32779

Title DIRECTOR  
Name JOHNSON, LUCIEN DR  
Address 1951 S. ALAFAYA RAIL  
City-State-Zip: ORLANDO FL 32828