

**2020 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           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           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           OFFICER  
Name           BATTLE, JASON  
Address        448 S. ALAFAYA TRAL  
                  #10  
City-State-Zip: ORLANDO FL 32828

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

**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:** CARLOS BERTOT

**PRESIDENT**

**01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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