

2024 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 HOCHFELDER, STEVE DR.
Address 200 WAYMONT COURT
 SUITE 130
City-State-Zip: LAKE MARY FL 32746

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

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

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

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

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

Title VP
Name WRIGHT, ARNELLE DR.
Address 12100 E. COLONIAL DRIVE STE 120
City-State-Zip: ORLANDO FL 32826

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

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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: ANTHONY WONG

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name SHAH, SARA DR.
Address 707 PENNSYLVANIA AVE STE 1200
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR
Name ROIG, EMILY DR
Address 7575 DOCTOR PHILLIPS BLVD
SUITE 205
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name HUHN, TYLER
Address 1100 S. ORANGE AVE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name WHITEHEAD, MARISSA DR.
Address 865 BALCH AVE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name BARGFREDE, MICHELLE
Address 790 DRIVER AVENUE
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name HUANG, KAI DR
Address 7575 DOCTOR PHILLIPS BLVD
SUITE 205
City-State-Zip: ORLANDO FL 32819