

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007734

Entity Name: MIAMI DADE DENTAL SOCIETY, INC.**Current Principal Place of Business:**420 S. DIXIE HIGHWAY #2E
CORAL GABLES, FL 33146**Current Mailing Address:**8700 N KENDALL DR
SUITE 221
MIAMI, FL 33176 US**FEI Number:** 27-0740253**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VELAZQUEZ, MARIANA DR.
8700 N KENDALL DR
SUITE 221
MIAMI, FL 33176 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:** MARIANA VELAZQUEZ

02/13/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VICEPRESIDENT, VP
Name	VELAZQUEZ, MARIANA DR.
Address	1805 PONCE DE LEON BLVD APT 622
City-State-Zip:	CORAL GABLES FL 33134

Title	PRESIDENT
Name	PEGUERO, OSCAR DR.
Address	7000 SW 62 AVE PH-E
City-State-Zip:	SOUTH MIAMI FL 33143

Title	TREASURER
Name	VELAZQUEZ, MARIANA DR.
Address	1805 PONCE DE LEON BLVD. APT 622
City-State-Zip:	CORAL GABLES FL 33134

Title	SECRETARY
Name	GONZALEZ, CARLOS M DR
Address	16401 NW 83RD CT
City-State-Zip:	MIAMI LAKES FL 33016

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: MARIANA VELAZQUEZ

TREASURER

02/13/2017

Electronic Signature of Signing Officer/Director Detail

Date