

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000617

Entity Name: MIAMI-DADE COUNTY DENTAL SOCIETY, INC.

Current Principal Place of Business:

8878 NW 7TH AVE.
MIAMI, FL 33150

Current Mailing Address:

8878 NW 7TH AVE.
MIAMI, FL 33150

FEI Number: 46-1925645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWNSEND, LINWOOD T
8878 NW 7TH AVE.
MIAMI, FL 33150 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	VP	Title	P
Name	CAMPBELL, BETH-ANN	Name	NELSON, JOHN
Address	8878 NW 7TH AVE	Address	8878 NW 7TH AVE.
City-State-Zip:	MIAMI FL 33150	City-State-Zip:	MIAMI FL 33150

Title T
Name TOWNSEND, LINWOOD
Address 8878 NW 7TH AVE.
City-State-Zip: MIAMI FL 33150

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: JOHN NELSON

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date