

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000617

**FILED**  
**Jan 23, 2014**  
**Secretary of State**  
**CC5410111873**

**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 A. NELSON**

**PRESIDENT**

**01/23/2014**

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

\_\_\_\_\_  
Date