### 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.

PRESIDENT

### SIGNATURE: JOHN A. NELSON

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title	VP	Title	Ρ	
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	т			
Title Name	T TOWNSEND, LINWOOD			
	T TOWNSEND, LINWOOD 8878 NW 7TH AVE.			
Name				

e above named entity submits this statement fo	or the purpose of changing its registered	d office or registered agent, or both, in the Sta	ate of Florida.

# 8878 NW 7TH AVE.

## Name and Address of Current Registered Agent:

TOWNSEND, LINWOOD T 8878 NW 7TH AVE.

MIAMI, FL 33150 US

The

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1300000617

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

**Current Principal Place of Business:** 

8878 NW 7TH AVE. MIAMI, FL 33150

## **Current Mailing Address:**

MIAMI, FL 33150

## FEI Number: 46-1925645

Certificate of Status Desired: No

FILED Jan 23, 2014 Secretary of State CC5410111873

Date

Date

01/23/2014