



New Jersey Division of Revenue On-line Corporate Annual Report

Learn more about annual report filing requirements

STEP 2: REVIEW RECORD and FEE DUE

The following information is on file for the business you identified. Please review the years for which fee amounts are due. You will be required to pay the total amount, along with a change of registered agent/office filing fee, if applicable. If you believe that the total is incorrect, you may request a file review. Instructions will be provided after you have finished your online session. If the Division of Revenue finds that you have a credit balance, you will receive a refund for the amount involved.

Steps:

Business Identification

Review Record

Review Your Business Information

Agent/Office Information

ENTITY NUMBER 0900038011

BUSINESS NAME MIDDLESEX COUNTY DENTAL SOCIETY

Business Address

BUSINESS TYPE NP

FILING DATE 02/1959

Officers / Directors

MONTH ANNUAL REPORT DUE 2

Review Data Entered

TOTAL DUE \$ 25

YEARS PAYABLE 2006

Signature / Payment

Filing Confirmation

[njbgs](#) | [privacy notice](#) | [legal statement](#) | [contact us](#)



New Jersey Division of Revenue On-line Corporate Annual Report

STEP 3: AGENT / OFFICE INFORMATION

Learn more about annual report filing requirements

The following registered agent and office information is on file for the business you identified.

Please confirm this information. If either the registered agent or the agent's address has changed, you will need to provide the updated information. There is a \$25.00 filing fee to register this change.

Steps:

Business Identification

Current Registered Agent/Office Information for

0900038011 MIDDLESEX COUNTY DENTAL SOCIETY

Review Record

REGISTERED DR JOSEPH FERTIG
AGENT

Agent/Office Information

REGISTERED 2208 HIGHWAY 130
OFFICE

Business Address

NORTH BRUNSWICK NJ 08902 0000

Officers/ Directors

Review Data Entered

Check if the information above is correct and no change is required.

Signature/Payment

I need to change my registered agent information.
Enter updated information below. (A post office box may NOT be used)
(A \$25.00 filing fee will be assessed for this change.)

Filing Confirmation

Change Registered Agent and/or Office Information

REGISTERED AGENT	Name:	<input type="text"/>
REGISTERED OFFICE	Street 1:	<input type="text"/>
	Street 2:	<input type="text"/>
	City:	<input type="text"/>
	State:	NJ
	Zip:	<input type="text"/>

[njbgs](#) | [privacy notice](#) | [legal statement](#) | [contact us](#)



New Jersey Division of Revenue On-line Corporate Annual Report

Learn more about annual report filing requirements

STEP 5: OFFICERS and DIRECTORS

The names and addresses for all the officers and directors of the business entity are reported annually. Non-profits must provide at least three names. Information for each officer/director must be complete to be accepted.

Steps:

If there are no current officers listed below, you must add officer/director information

Business Identification

Officers and Directors on file for

Review Record

0900038011 MIDDLESEX COUNTY DENTAL SOCIETY

Agent/Office Information

DR MITCHELL WEINER OTHER
3084 STATE HWY NO 27
KENDALL NJ 08824

Business Address

Officers/ Directors

Review Data Entered

Signature/Payment

Check if the information above is correct and no change is required.

Filing Confirmation

I need to change the Officer/Director information.

Enter updated information below.

When making changes, enter first name, middle initial, and last name for each Officer/Director.

1 Name:
 Title:
 Street:
 City: State: Zip:

Click here if address is outside the United States

2 Name:
 Title:
 Street:
 City: State: Zip:

Click here if address is outside the United States

3 Name:
Title:
Street:
City: State: Zip:

Click here if address is outside the United States

4 Name:
Title:
Street:
City: State: Zip:

Click here if address is outside the United States

5 Name:
Title:
Street:
City: State: Zip:

Click here if address is outside the United States

I need to report more officers and directors.

[njbgs](#) | [privacy notice](#) | [legal statement](#) | [contact us](#)



New Jersey Division of Revenue On-line Corporate Annual Report

STEP 6: REVIEW INFORMATION ENTERED

The following is the information you presented. Please review this make any required changes.

Once you click continue, you will not be able to make any change discovered, you will be required to submit a Certificate of Correct fee.

Learn more about annual report filing requirements

Steps:

Business Identification

Review Record

Agent/Office Information

Business Address

Officers/ Directors

Review Data Entered

Signature/Payment

Filing Confirmation

Business Information 0900038011
MIDDLESEX COUNTY DENTAL SOCIETY

Registered Agent Info DR JOSEPH FERTIG
2208 HIGHWAY 130
NORTH BRUNSWICK NJ 08902 0000

Main Business Address PO BOX 7026
EAST BRUNSWICK NJ 08816

Principle Address

Officer/Director Information	STEPHEN G LAWSON PRESIDENT 34-36 PROGRESS STREET TWIN PLAZA, SUITE A EDISON NJ 08820
	ROBERT SILVERSTEIN VICE PRESIDENT 636 EASTON AVENUE SOMERSET NJ 08873
	JAMES COUREY TREASURER

STEP 7: SIGNATURE/PAYMENT

This information will be authorized and signed by: Business Entity Aut



New Jersey Division of Revenue
On-line Corporate Annual Report

STEP 8: FILING CONFIRMATION

Learn more about
annual report filing
requirements

Steps:

**Business
Identification**

Review Record

**Agent/Office
Information**

Business Address

Officers/ Directors

**Review Data
Entered**

Signature/Payment

Filing
Confirmation

Thank you for filing. Your confirmation number is: **48785**
Please note the confirmation number and print this page
for your records.

Your credit card ending with 6014 has been charged \$25
for this transaction. This should appear on your next
statement as State of NJ Bus Filings Trenton NJ

File Review Instructions

If you believe the fee amount for outstanding annual
reports is incorrect, you may request a file review by
writing to:

New Jersey Division of Revenue
ATTN: Annual Report Review Unit
PO Box 302
Trenton, NJ 08646

You must include a cover letter noting the name and ten
digit number of the business, the year(s) in which you
believe an error occurred, copies of the annual reports you
submitted and evidence of fee payment. If the Division
finds that you have a credit balance, you will receive a
refund for the amount involved.

Return to NJBGS

[njbgs](#) | [privacy notice](#) | [legal statement](#) | [contact us](#)