FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State
03-22-1999 90011 039 ****61.25

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DOCUMENT # N97000001829

1. Corporation Name
FLORIDA FOUNDATION OF DENTAL HYGIENE, INC.

Principal Place of Business	Mailing Address
3310 SOUTH DREXEL AVE. TAMPA FL 33629	3310 SOUTH DREXEL AVE. TAMPA FL 33629

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/31/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3488810 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELCH, LIZ 3310 SOUTH DREXEL AVE. TAMPA FL 33629	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Elizabeth L Welch ELIZABETH L. WELCH, TREASURER 3/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THACKREY, DEBRAT RDH		1.2 NAME		
STREET ADDRESS	4300 32ND AVENUE NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEANS, ANNIE RDH		2.2 NAME		
STREET ADDRESS	2574 59TH AVENUE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33712		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	CRAIG, SANDRA RDH		3.2 NAME	CRAIG, SANDRA RDH	
STREET ADDRESS	885 SYMPHONY ISLES BLVD		3.3 STREET ADDRESS	3120 HAWTHORNE RD.	
CITY-ST-ZIP	APOLLO BEACH FL 33572		3.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WELCH, LIZ RDH		4.2 NAME		
STREET ADDRESS	3310 S DREXEL AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POTTER, LISA RDH		5.2 NAME		
STREET ADDRESS	P O BOX 1285		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34220		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TOTZ, JEAN RDH		6.2 NAME		
STREET ADDRESS	3315 BALAST POINT BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth L Welch SIGNATURE REQUIRED ELIZABETH L. WELCH, TREASURER 3/14/99 (813)839-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #