2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000001829

1. Entity 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

03302008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3488810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WELCH, LIZ
3310 SOUTH DREXEL AVE.
TAMPA, FL 33629

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000907931
05/06/08-80007-010 70.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	THACKREY, DEBRA
STREET ADDRESS	4300 32ND AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG, FL 33713
TITLE	VPD
NAME	HAGGERTY, CHERYL RDH
STREET ADDRESS	812 IXORA AVE
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	D
NAME	MITCHELL, SUSAN RDH
STREET ADDRESS	4784 W FOXHILL RD
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	TD
NAME	WELCH, LIZ RDH
STREET ADDRESS	3310 S DREXEL AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	PD
NAME	POTTER, LISA RDH
STREET ADDRESS	909 20TH AVENUE W.
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D
NAME	WOODS, KATIE
STREET ADDRESS	2207 MANOR CT
CITY-ST-ZIP	CLEARWATER, FL 33763

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth L. Welch ELIZABETH L. WELCH 04/15/08 813-831-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #