2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N97000001829

Entity Name: FLORIDA FOUNDATION OF DENTAL HYGIENE, INC.

Current Principal Place of Business:

3310 SOUTH DREXEL AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3310 SOUTH DREXEL AVE.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3488810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	THACKREY, DEBRA	
Address:	4300 32ND AVENUE NORTH	
City-St-Zip:	ST PETERSBURG, FL 33713	
Title:	VPD	( ) Delete
Name:	HAGGERTY, CHERYL RDH	
Address:	812 IXORA AVE	
City-St-Zip:	ELLENTON, FL 34222	
Title:	D	( ) Delete
Name:	MITCHELL, SUSAN RDH	
Address:	4784 W FOXHILL RD	
City-St-Zip:	HOMOSASSA, FL 34446	
Title:	TD	( ) Delete
Name:	WELCH, LIZ RDH	
Address:	3310 S DREXEL AVENUE	
City-St-Zip:	TAMPA, FL 33629	
Title:	PD	( ) Delete
Name:	POTTER, LISA RDH	
Address:	909 20TH AVENUE W.	
City-St-Zip:	PALMETTO, FL 34221	
Title:	D	( ) Delete
Name:	WOODS, KATIE	
Address:	2207 MANOR CT	
City-St-Zip:	CLEARWATER, FL 33763	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH L. WELCH TREA 05/01/2009

Electronic Signature of Signing Officer or Director — Date