2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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)**

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
Name: THACKREY, DEBRA
Address: 4300 32ND AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: VPD
Name: HAGGERTY, CHERYL RDH
Address: 4108 LONG LAKE DRIVE SOUTH
City-St-Zip: ELLENTON, FL 34222 US

Title: D
Name: MITCHELL, SUSAN RDH
Address: 4784 W FOXHILL RD
City-St-Zip: HOMOSASSA, FL 34446

Title: TD
Name: WELCH, LIZ RDH
Address: 3310 S DREXEL AVENUE
City-St-Zip: TAMPA, FL 33629

Title: PD
Name: POTTER, LISA RDH
Address: 909 20TH AVENUE W.
City-St-Zip: PALMETTO, FL 34221

Title: D
Name: WOODS, KATIE
Address: 2207 MANOR CT
City-St-Zip: CLEARWATER, FL 33763

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.

SIGNATURE: ELIZABETH L. WELCH TD 04/08/2011
Electronic Signature of Signing Officer or Director Date