

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000088024

**Entity Name:** DENTAL HYGIENE SEMINARS, INC.

**Current Principal Place of Business:**

265 BONCYLE LAND DRIVE  
EASTPOINT, FL 32328

**Current Mailing Address:**

265 BONCYLE LAND DRIVE  
EASTPOINT, FL 32328

**FEI Number:** 26-0751046

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAPP, HEATHER O  
265 BONSYLE LAND DRIVE  
EASTPOINT, FL 32328 US

*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

**Officer/Director Detail :**

Title VD  
Name KOLE, PETER DR.  
Address 265 BONSYLE LAND DRIVE  
City-State-Zip: EASTPOINT FL 32328

Title PD  
Name MAPP, HEATHER ODR.  
Address 265 BONSYLE LAND DRIVE  
City-State-Zip: EASTPOINT FL 32328

Title ST  
Name KOLE, PETER DR.  
Address 265 BONSYLE LAND DRIVE  
City-State-Zip: EASTPOINT FL 32328

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER MAPP

**PRESIDENT**

**02/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date