

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000086586

**Entity Name:** AMERICAN BOARD OF DENTAL & HYGIENE LICENSURE PREP COURSES, INC.**FILED**  
**Apr 26, 2023**  
**Secretary of State**  
**7743636333CC****Current Principal Place of Business:**4045 FOXHOUND DR  
CLERMONT, FL 34711**Current Mailing Address:**4045 FOXHOUND DR  
CLERMONT, FL 34711 US**FEI Number: 36-4821871****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROMERO, JENNIE  
4045 FOXHOUND DR  
CLERMONT, FL 34711 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 CEO, PRESIDENT  
Name ROMERO, JENNIE DR.  
Address 4045 FOXHOUND DR  
City-State-Zip: CLERMONT FL 34711Title VP, TREASURER  
Name FERRER, JOSE  
Address 4045 FOXHOUND DR  
City-State-Zip: CLERMONT FL 34711Title DIRECTOR  
Name KODER, JULIE  
Address 4045 FOXHOUND DR  
City-State-Zip: CLERMONT FL 34711Title DIRECTOR  
Name ASLAM, MARYAM DR.  
Address 7508 ZOE LANE  
City-State-Zip: LAUREL MD 20723Title DIRECTOR  
Name HASAN, MOHAMAD DR.  
Address 4400NW 79TH AVE.  
APT 423  
City-State-Zip: DORAL FL 33166

*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: JENNIE ROMERO****CEO, PRESIDENT****04/26/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date