2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717716

FILED Feb 15, 2010 Secretary of State

Entity Name: FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

FDHA 12225 COLDSTREAM LANE TAMPA, FL 33626

Current Mailing Address: New Mailing Address:

FDHA FDHA

PO BOX 30938 PO BOX 13675

PALM BCH GDNS, FL 33420 TALLAHASSEE, FL 32317

FEI Number: 59-6139579 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHROSNIAK, BETH 12225 COLDSTREAM LANE TAMPA, FL 33626 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

OFFICERS AND DIRECTORS:

Title:

Name: CHROSNIAK, BETH
Address: 12225 COLDSTREAM LANE

City-St-Zip: TAMPA, FL 33626

Title:

Name: REESE, RORY Address: PO BOX 12196

City-St-Zip: TALLAHASSEE, FL 32317

Title: F

Name: ZINSER, NANCY Address: 1 AIDEN COURT

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: 9

Name: ROBINSON, DEBORAH Address: 2431 CARVER AVE City-St-Zip: ORLANDO, FL 32810

Title:

Name: SCHAD, PAULA Address: PO BOX 801

City-St-Zip: GROVELAND, FL 34736

Title: [

Name: MCCLEMENS, JOLYEN Address: 5919 WINGSPAN WAY City-St-Zip: BRADENTON, FL 34203

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: NANCY C. ZINSER, RDH, MS P 02/15/2010