2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 717716

Entity Name: FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

FDHA
12225 COLDSTREAM LANE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

FDHA
PO BOX 13675
TALLAHASSEE, FL 32317

New Mailing Address:

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

Name and Address of Current Registered Agent:

CHROSNIAK, BETH
12225 COLDSTREAM LANE
TAMPA, FL 33626 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: T
Name: CHROSNIAK, BETH
Address: 12225 COLDSTREAM LANE
City-St-Zip: TAMPA, FL 33626

Title: D
Name: REESE, RORY
Address: PO BOX 12196
City-St-Zip: TALLAHASSEE, FL 32317

Title: D
Name: KAREN, HODGE
Address: 539 8TH STREET
City-St-Zip: PALM HARBOR, FL 34683

Title: S
Name: JAN, BARRETT
Address: 1047 MONTANA AVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: WEATHERWAX, JO ANN
Address: 3860 BLOSSOM STREET
City-St-Zip: KISSIMMEE, FL 34746

Title: P
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: JOLEYN MCCLEMENS P 01/03/2012

Electronic Signature of Signing Officer or Director — Date