

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735952 (4)

1. Corporation Name

EAST COAST DISTRICT DENTAL HYGIENISTS' SOCIETY,
INC.

Principal Place of Business

2925 NE 199 ST
SUITE 309
AVENTURA FL 33180

Mailing Address

18804 NW 13 STREET
PEMBROKE PINES FL 33029-29613. Date Incorporated or Qualified
05/28/19763a. Date of Last Report
05/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-1694374Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYDEN, LISA
18804 NW 13 STREET
PEMBROKE PINES FL 33029

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CAMERON, CARROLL
STREET ADDRESS 11900 SW 35 TERRACE
CITY-ST-ZIP MIAMI FL 33175TITLE VP ☐ DELETE
NAME REY, ADA
STREET ADDRESS 1020 MERIDIAN AVENUE, #506
CITY-ST-ZIP MIAMI BEACH FL 33139-8330TITLE TD ☒ DELETE
NAME HAYDEN, LISA
STREET ADDRESS 18804 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029TITLE SD ☐ DELETE
NAME AMAZON, BARBARA
STREET ADDRESS 22 W RIVO ALTO DR
CITY-ST-ZIP MIAMI BEACH FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Hayden, Lisa
1.3 STREET ADDRESS 18804 NW 13 St.
1.4 CITY-ST-ZIP Pembroke Pines, FL 330292.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Meador, Betty
3.3 STREET ADDRESS 14818 Breckness Pl.
3.4 CITY-ST-ZIP Miami Lakes FL 330164.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024071

CR2E037 (9/96)