

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005770

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: SOUTH FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

**Current Principal Place of Business:**

14818 BRECKNESS PALCE  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14818 BRECKNESS PALCE  
MIAMI LAKES, FL 33016

**New Mailing Address:**

FEI Number: 36-4555153      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MEADOR, BETTY L  
14818 BRECKNESS PALCE  
MIAMI LAKES, FL 33016      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: DP      ( ) Delete  
Name: RODRIQUEZ, OLGA  
Address: 2351 S. DOUGLAS RD #703  
City-St-Zip: MIAMI, FL 33145

Title: DS      ( ) Delete  
Name: MATTOX, KAREN  
Address: 14807 BRECKNESS PLACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: DT      ( ) Delete  
Name: MEADOR, BETTY L  
Address: 14818 BRECKNESS PALCE  
City-St-Zip: MIAMI LAKES, FL 33016

Title: DVP      ( ) Delete  
Name: MANCEBO, LILLIAN  
Address: 1417 SARRIA AVENUE  
City-St-Zip: CORAL GABLES, FL 33146

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BOD      (X) Change ( ) Addition  
Name: MATTOX, KAREN  
Address: 14807 BRECKNESS PLACE  
City-St-Zip: MIAMI LAKES, FL 33016

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      ( ) Change (X) Addition  
Name: SMITH, REBECCA  
Address: 14453 S.W. 137TH PLACE  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTY L. MEADOR

DT

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date