

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007246

FILED
Jan 16, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

34049 WOODLAND CIR
RIDGE MANOR, FL 33523

New Principal Place of Business:

Current Mailing Address:

34049 WOODLAND CIR
RIDGE MANOR, FL 33523

New Mailing Address:

FEI Number: 26-3372993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, MARLINDA
34049 WOODLAND CIR
RIDGE MANOR, FL 33523 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: D () Delete
Name: REINHART, THOMAS C
Address: 4450 E FLETCHER AVE STE B
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: MUENCHINGER, FREDERICK S
Address: 3450 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: CARR, NATALIE J
Address: 311 E ARRAWANA AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: BULNES, CHRISTOPHER M
Address: 3906 W NEPTUNE ST
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: OLDHAM, CRAIG
Address: 17912 BURNT OAK LN
City-St-Zip: LITHIA, FL 33547

Title: D (X) Delete
Name: IRANMANESH, M. REZA
Address: 2814 W WATERS AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: REINHART, THOMAS C
Address: 4450 E. FLETCHER #B
City-St-Zip: TAMPA, FL 33613

Title: O (X) Change () Addition
Name: MUENCHINGER, FREDERICK S
Address: 3450 E FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: O (X) Change () Addition
Name: CARR, NATALIE J
Address: 311 E ARRAWANA AVE
City-St-Zip: TAMPA, FL 33609

Title: O (X) Change () Addition
Name: BULNES, CHRISTOPHER M
Address: 3906 W NEPTUNE ST
City-St-Zip: TAMPA, FL 33629

Title: O (X) Change () Addition
Name: OLDHAM, CRAIG
Address: 17912 BURNT OAK LN
City-St-Zip: LITHIA, FL 33547

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

I hereby certify that the information supplied with this filing does not qualify 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: MARLINDA FULTON

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date