

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007246

FILED  
Jan 06, 2010  
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: O  
Name: REINHART, THOMAS C  
Address: 4450 E. FLETCHER #B  
City-St-Zip: TAMPA, FL 33613

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

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

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

Title: O  
Name: OLDHAM, CRAIG  
Address: 17912 BURNT OAK LN  
City-St-Zip: LITHIA, FL 33547

Title: O  
Name: JOHNSTON, PATRICK  
Address: 5111 EHRLICH RD. #150  
City-St-Zip: TAMPA, FL 33624

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: MARLINDA FULTON

ED

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date