2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2011
Secretary of State

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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: TOTZKE, BEATRIZ
Address: 11333 COUNTRYWAY BLVD.
City-St-Zip: TAMPA, FL 33626

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

Title: O
Name: CARR, NATALIE J
Address: 11936 BOYETTE RD.
City-St-Zip: RIVERVIEW, FL 33569

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

Title: O
Name: OLDHAM, CRAIG
Address: 413-C W. ROBERTSON ST.
City-St-Zip: BRANDON, FL 33511

Title: ST
Name: JOHNSON, 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 01/03/2011

Electronic Signature of Signing Officer or Director Date