

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007246

FILED  
Jan 20, 2012  
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: TOTZKE, BEATRIZ  
Address: 11333 COUNTRYWAY BLVD.  
City-St-Zip: TAMPA, FL 33626

Title: O  
Name: CASTELLANO, SEBASTIAN  
Address: 302 S. MACDILL  
City-St-Zip: TAMPA, FL 33609

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

01/20/2012

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

\_\_\_\_\_  
Date