2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2010
Secretary of State

DOCUMENT# N08000009961

Entity Name: BROWARD COUNTY DENTAL HYGIENISTS ASSOCIATION, INC.

Current Principal Place of Business:

6278 N. FEDERAL HWY
#101
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

6278 N. FEDERAL HWY
#101
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 59-2455405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLUCCI, LISAMARIE
6278 N. FEDERAL HWY
#101
FORT LAUDERDALE, FL 33308 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: P
Name: IVANOFF, ANNMARIE
Address: 6278 N. FEDERAL HWY #101
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: VP
Name: KUBLICKIS, RHODA
Address: 6278 N. FEDERAL HWY #101
City-St-Zip: FORT LAUDERDALE, FL 33308 FL

Title: SEC
Name: HAMMAKER, BARBARA
Address: 6278 N. FEDERAL HWY #101
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: TRES
Name: COLUCCI, LISAMARIE
Address: 6278 N. FEDERAL HWY #101
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: LISAMARIE COLUCCI TRES 01/31/2010

Electronic Signature of Signing Officer or Director Date