2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009961

FILED Jan 04, 2011 Secretary of State

Certificate of Status Desired ()

Entity Name: BROWARD COUNTY DENTAL HYGIENISTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6278 N. FEDERAL HWY 274 TROPIC DR

#101 LAUDERDALE BY THE SEA, FL 33308 US

FORT LAUDERDALE, FL 33308 US

Current Mailing Address: New Mailing Address:

6278 N. FEDERAL HWY 274 TROPIC DR

FEI Number Applied For ()

#101 LAUDERDALE BY THE SEA, FL 33308 US

FORT LAUDERDALE, FL 33308 US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLUCCI, LISAMARIE KUBLICKIS, RHODA P

6278 N. FÉDERAL HWY 274 TROPIĆ DR

#101 LAUDERDALE BY THE SEA, FL 33308 US FORT LAUDERDALE, FL 33308 US

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.

FEI Number Not Applicable ()

SIGNATURE: RHODA P KUBLICKIS 01/04/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

FEI Number: 59-2455405

Name: IVANOFF, ANNMARIE Address: 4801 JACKSON ST

City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP

Name: KUBLICKIS, RHODA Address: 274 TROPIC DR

City-St-Zip: LAUDERDALE BY THE SEA, FL 33308 FL

Title: SEC

Name: HAMMAKER, BARBARA Address: 4711 NE 15TH TERRACE

City-St-Zip: FORT LAUDERDALE, FL 33334 US

Title: TRES

Name: KUBLICKIS, RHODA P Address: 274 TROPIC DR

City-St-Zip: LAUDERDALE BY THE SEA, 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: RHODA P KUBLICKIS TRES 01/04/2011