

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001829

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** FLORIDA FOUNDATION OF DENTAL HYGIENE, INC.

**Current Principal Place of Business:**

3310 SOUTH DREXEL AVE.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3310 SOUTH DREXEL AVE.  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3488810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WELCH, LIZ  
3310 SOUTH DREXEL AVE.  
TAMPA, FL 33629 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: SD  
Name: THACKREY, DEBRA  
Address: 4300 32ND AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33713

Title: VPD  
Name: HAGGERTY, CHERYL RDH  
Address: 812 IXORA AVE  
City-St-Zip: ELLENTON, FL 34222

Title: D  
Name: MITCHELL, SUSAN RDH  
Address: 4784 W FOXHILL RD  
City-St-Zip: HOMOSASSA, FL 34446

Title: TD  
Name: WELCH, LIZ RDH  
Address: 3310 S DREXEL AVENUE  
City-St-Zip: TAMPA, FL 33629

Title: PD  
Name: POTTER, LISA RDH  
Address: 909 20TH AVENUE W.  
City-St-Zip: PALMETTO, FL 34221

Title: D  
Name: WOODS, KATIE  
Address: 2207 MANOR CT  
City-St-Zip: CLEARWATER, FL 33763

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: ELIZABETH L. WELCH

TREA

04/01/2010

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

\_\_\_\_\_  
Date