

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005770

Entity Name: SOUTH FLORIDA DENTAL HYGIENISTS' ASSOCIATION, INC.

FILED
Mar 31, 2020
Secretary of State
8878861178CC

Current Principal Place of Business:

11508 SOUTH WEST 250 STREET
HOMESTEAD , FL 33032

Current Mailing Address:

11508 SOUTH WEST 250 STREET
HOMESTEAD , FL 33032 US

FEI Number: 36-4555153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARIOS, MARIA C
11508 SOUTH WEST 250 STREET
HOMESTEAD , FL 33032 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.

SIGNATURE: MARIA C. LARIOS

03/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name AMAZON, BARBARA
Address 22 WEST RIVO ALTO DR.
City-State-Zip: MIAMI BEACH FL 33139

Title TREASURER
Name LARIOS, MARIA C
Address 11508 SOUTH WEST 250 STREET
City-State-Zip: HOMESTEAD FL 33032

Title PRESIDENT
Name PINO, ILEANA
Address 3221 NORTH EAST 23 AVENUE
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title COLLIER VP
Name VITALE, DEBRA
Address 10442 VANDERBILT DRIVE
City-State-Zip: NAPLES FL 34108

Title BROWARD VP
Name IVANOFF, ANN MARIE
Address 4801 JACKSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name KUBLICKIS , RHODA
Address 274 TROPIC DRIVE
City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title MIAMI-DADE VP
Name PELAYO, ANEL
Address 19301 NORTH WEST 43 COURT
City-State-Zip: MIAMI GARDEN FL 33055

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: MARIA C. LARIOS

TREASURER

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date