

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005770

FILED
Jan 28, 2013
Secretary of State
CC7697016892

Entity Name: SOUTH FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

Current Principal Place of Business:

8270 NW 182 STREET
HIALEAH, FL 33015

Current Mailing Address:

8270 NW 182 STREET
HIALEAH, FL 33015

FEI Number: 36-4555153

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HORNBERGER, NANNETTE
8270 NW 185TH ST
HIALEAH, FL 33015 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name LARIOS, MARIA
Address 445 NW 4TH ST #202
City-State-Zip: MIAMI FL 33128

Title DT
Name HORNBERGER, NANNETTE
Address 8270 NW 185TH STREET
City-State-Zip: HIALEAH FL 33015

Title BOD
Name MEADOR, BETTY L
Address 14818 BRECKNESS PLACE
City-State-Zip: MIAMI LAKES FL 33016

Title BOD
Name SMITH, REBECCA
Address 14483 SW 137TH PLACE
City-State-Zip: MIAMI FL 33186

Title DS
Name CRAWLEY, MELINDA
Address 8035 SW 113 CT
City-State-Zip: MIAMI FL 33183

Title DVP
Name MULETT, ANA
Address 16508 SW 71ST TERR
City-State-Zip: MIAMI FL 33193

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: NANNETTE F HORNBERGER

TREASURER

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date