## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N0400005770

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

FILED Feb 27, 2022 Secretary of State 2291674180CC

Date

## **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 02/27/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title TRUSTEE Title TREASURER

Name AMAZON, BARBARA Name LARIOS, MARIA C

Address 22 WEST RIVO ALTO DR. Address 11508 SOUTH WEST 250 STREET

City-State-Zip: MIAMI BEACH FL 33139 City-State-Zip: HOMESTEAD FL 33032

TitlePRESIDENTTitleCOLLIER VPNamePINO, ILEANANameVITALE, DEBRA

Address 3221 NORTH EAST 23 AVENUE Address 10442 VANDERBILT DRIVE

City-State-Zip: LIGHTHOUSE POINT FL 33064 City-State-Zip: NAPLES FL 34108

Title BROWARD VP Title SECRETARY

NameDERBY, EILEENNameKUBLICKIS , RHODAAddress7333 GOLF POINTE CIRAddress274 TROPIC DRIVE

City-State-Zip: SARASOTA FL 34342 City-State-Zip: LAUDERDALE BY THE SEA FL 33308

Title MIAMI-DADE VP Name CHAN, 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 LARIOS TREASURE 02/27/2022

Electronic Signature of Signing Officer/Director Detail

Date