## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005770

Entity Name: SOUTH FLORIDA DENTAL HYGIENE ASSOCIATION, INC.

**FILED** Apr 16, 2018 **Secretary of State** CC4702274352

Date

## **Current Principal Place of Business:**

15920 SW 60TH STREET MIAMI . FL 33193

## **Current Mailing Address:**

15920 SW 60TH STREET MIAMI . FL 33193 US

FEI Number: 36-4555153 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DUNN, KASSANDRA M 15920 SW 60TH STREET MIAMI, FL 33193 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: KASSANDRA DUNN 04/16/2018

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

MIAMI FL 33193

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

DE LA TORRE, YALI MULETT, ANA Name Name

3917 WEST FLAGLER STREET 16508 SW 71 TERRACE Address Address

City-State-Zip: CORAL GABLES FL 33134

Title **SECRETARY** Title TRUSTEE

Name AMAZON, BARBARA Name LARIOS, MARIA ECM

Address 422 NE 210TH CIRCLE TERRACE 445 NW 4 STREET, #202 Address

204

City-State-Zip: MIAMI FL 33179 City-State-Zip: MIAMI FL 33128

Title IMMEDIATE PAST PRESIDENT Title **TREASURER** 

DUNN, KASSANDRA M Name LEIBA. ALWYN Name

Address 12011 NW 13TH STREET Address 15920 SW 60TH STREET PEMBROKE PINES FL 33026 City-State-Zip: 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.

04/16/2018 SIGNATURE: KASSANDRA DUNN **TREASURER**