

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005770

**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 HORNBERGER**

**TREASURER**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date