

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005770

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

**FILED**  
**Jan 10, 2024**  
**Secretary of State**  
**1814413196CC**

**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**

**01/10/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name PINO, ILEANA C  
Address 3221 NE 23 AVE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

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

Title PRESIDENT  
Name LAWSON, SHARON  
Address 8640 NW 19 ST.  
City-State-Zip: PENBROKE PINES FL 33024

Title CV  
Name MORA, AYLEEN COLLIER VP  
Address 27 PLACE SW  
City-State-Zip: NAPLES FL 34116

Title BROWARD VP  
Name PUERTA, CARLOS  
Address 17563 SW 29TH LANE  
City-State-Zip: MIRAMAR FL 33029

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

Title MIAMI-DADE VP  
Name RUSSELL, DEIDRA  
Address 10900 SW 161 STREET  
City-State-Zip: MIAMI FL 33196

Title MONROE VP  
Name SLATER, CHELSEA  
Address 1400 20TH ST  
City-State-Zip: KEY WEST FL 33040

*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**

**01/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date