

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007246

Entity Name: HILLSBOROUGH COUNTY DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**34049 WOODLAND CIR
RIDGE MANOR, FL 33523**Current Mailing Address:**34049 WOODLAND CIR
RIDGE MANOR, FL 33523**FEI Number: 26-3372993****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FULTON, MARLINDA
34049 WOODLAND CIR
RIDGE MANOR, FL 33523 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	OFFICER
Name	TOTZKE, BEATRIZ
Address	11333 COUNTRYWAY BLVD.
City-State-Zip:	TAMPA FL 33626

Title	O
Name	BEACH, DAVID
Address	27605 CASHFORD CIR. #101
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	OFFICER
Name	WAITE, MATTHEW DR.
Address	17 DAVIS BOULEVARD
City-State-Zip:	TAMPA FL 33606

Title	O
Name	CASTELLANO, SEBASTIAN
Address	302 S. MACDILL
City-State-Zip:	TAMPA FL 33609

Title	OFFICER
Name	JOHNSON, PATRICK
Address	5111 EHRLICH RD. #150
City-State-Zip:	TAMPA FL 33624

Title	OTHER
Name	FULTON, MARLINDA
Address	34049 WOODLAND CIR
City-State-Zip:	RIDGE MANOR FL 33523

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: MARLINDA FULTON**EXECUTIVE SECRETARY 01/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date