

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007246

**Entity Name:** HILLSBOROUGH COUNTY DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**1114 KYLE WOOD LANE  
BRANDON, FL 33511**Current Mailing Address:**PO BOX 202  
BRANDON, FL 33509 US**FEI Number:** 26-3372993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BULNES, KELSEY  
1114 KYLE WOOD LANE  
BRANDON, FL 33511 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:** KELSEY BULNES

01/08/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name AHRENS, MATTHEW DR.  
Address 13135 KINGS LAKE DR.  
STE 103  
City-State-Zip: GIBSONTONTON FL 33534

Title PRESIDENT  
Name WILSON, JAMES DR.  
Address 1104 N HOWARD AVENUE  
SECOND FLOOR  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT-ELECT  
Name BRITTEN, NICHOLAS DR.  
Address 213 CRYSTAL GROVE BLVD  
City-State-Zip: LUTZ FL 33548

Title EXECUTIVE SECRETARY  
Name BULNES, KELSEY  
Address P.O. BOX 202  
City-State-Zip: BRANDON FL 33509

Title SECRETARY, TREASURER  
Name DOROSHENKO, ARINA DR.  
Address 13127 KINGS LAKE DR.  
SUITE 102  
City-State-Zip: GIBSONTONTON FL 33534

Title COUNCIL MEMBER  
Name TAYLOR, MCKENZIE  
Address 16557 S 301 HWY  
City-State-Zip: SUN CITY FL 33573

*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:** KELSEY BULNES**DIRECTOR OF  
OPERATIONS**

01/08/2025

Electronic Signature of Signing Officer/Director Detail

Date