

2021 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:**ZUKNICK, LISSETTE
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:** LISSETTE ZUKNICK

02/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCENTIRE, DR. CLAY
Address 3516 W. BAY TO BAY
City-State-Zip: TAMPA FL 33629

Title SECRETARY
Name WARNKEN, DR. REBECCA
Address 26908 FOGGY CREEK RD.
 STE 101
City-State-Zip: WESLEY CHAPEL FL 33544

Title IMMEDIATE PAST PRESIDENT
Name CHURCHILL-URRICO, DR. WNEDY
Address 3641 MADACA LANE
City-State-Zip: TAMPA FL 33618

Title PRESIDENT- ELECT MEMBERSHIP
 CHAIR
Name THATCHER, DR. BRYAN
Address 1601 RICKENBACKER DR
 STE 7
City-State-Zip: SUN CITY CENTER FL 33573

Title COUNCIL MEMBER
Name AHRENS, DR. MATT
Address 13135 KINGS LAKE DR
 #103
City-State-Zip: GIBSONTOWN FL 33534

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: DR. CLAYTON MCENTIRE

PRESIDENT

02/12/2021

Electronic Signature of Signing Officer/Director Detail

Date