

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 17, 1999 8:00 am**  
**Secretary of State**

02-17-1999 90023 015 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 716635**

1. Corporation Name  
**WEST COAST DENTAL ASSOCIATION, INC.**

Principal Place of Business: 9720 N ARMENIA, STE F TAMPA FL 33612  
 Mailing Address: 9720 N ARMENIA, STE F TAMPA FL 33612



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/28/1969</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1445866</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>PARKER, DAVID DR</b> <b>2785 TAMAMI TRAIL</b> <b>PT. CHARLOTTE FL 33952</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DAVID	1.2 NAME	
STREET ADDRESS	2785 TAMAMI TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANO, CHARLES DR	2.2 NAME	
STREET ADDRESS	4676 CLEVELAND HGHTS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NOLAN DR.	3.2 NAME	
STREET ADDRESS	2226 E. DRUID RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKENHEIMER, TERRY DR	4.2 NAME	
STREET ADDRESS	3906 W. NEPTUNE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGH, BETTY DR	5.2 NAME	
STREET ADDRESS	4300 4TH ST. N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCH, MICHAEL DR	6.2 NAME	
STREET ADDRESS	1614 S.W. LAKEVIEW DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. PARKER 1/21/99 (813) 931-3018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037: (11/98)