

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 716635**

1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number  
**59-1445866**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 PARKER DAVID DR  
 2785 TAMIAMI TRAIL  
 PT. CHARLOTTE FL  
 33952 US

7. Name and Address of New Registered Agent  
 Name  
 HART ROBERT DR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 5001 WEST CYPRESS  
 City  
 TAMPA FL Zip Code  
 33607

8. 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 **DR. ROBERT HART, II** DATE **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRSCH MICHAEL DR 1614 S.W. LAKEVIEW DR. SEBRING FL 33870 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGH BETTY DR 4300 4TH ST. N. ST. PETERSBURG FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUCKENHEIMER TERRY DR 3906 W. NEPTUNE ST. TAMPA FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALLEN NOLAN DR. 2226 E. DRUID RD. CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLANO CHARLES DR 4676 CLEVELAND HGHTS BLVD. LAKELAND FL 33813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, DAVID 2785 TAMIAMI TRAIL PT CHARLOTTE FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WUNDERLICH HUGH TDR. 32224 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS MICHAEL PDR. 5664 BEE RIDGE ROAD # 201 SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER PAUL RDR. 6838 MADISON STREET NEW PORT RICHEY FL 34652 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL KIRSCH GDR. 1614 SOUTH WEST LAKEVIEW DRIVE SEBRING FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERRY BUCKENHEIMER LDR. 3906 WEST NEPTUNE STREET TAMPA FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART ROBERT SDR 5001 WEST CYPRESS ST TAMPA FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dr. Terry L. Buckenheimer** P DATE: **04/24/2001**

CR2E037 (11/00)