

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Nov 09, 2006  
Secretary of State**

DOCUMENT# 716635

**Entity Name:** WEST COAST DISTRICT DENTAL ASSOCIATION, INC.**Current Principal Place of Business:**9720 N ARMENIA, STE F  
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**9720 N ARMENIA, STE F  
TAMPA, FL 33612**New Mailing Address:**

FEI Number: 59-1445866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**HART, ROBERT DR.  
13129-H NORTH DALE MABRY  
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**MILLER, PAUL R DR.  
6838 MADISON ST  
NEW PORT RICHEY, FL 32652 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: PAUL MILLER

11/09/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: TREA ( ) Delete  
Name: HART, ROBERT S DR  
Address: 5001 WEST CYPRESS ST  
City-St-Zip: TAMPA, FL 33607 USTitle: PP ( ) Delete  
Name: WUNDERLICH, HUGH T DR.  
Address: 32224 U.S. HWY 19 N  
City-St-Zip: PALM HARBOR, FL 34684 USTitle: P ( ) Delete  
Name: MARSHALL, BRYAN T DR.  
Address: 12009 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 USTitle: PE ( ) Delete  
Name: PAUL, JOHN DR.  
Address: 2024 EDGEWOOD DR  
City-St-Zip: LAKE LAND, FL 33803 USTitle: FVP ( ) Delete  
Name: DUNDEE, NICHOLAS DR.  
Address: 455 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33990 USTitle: SVP ( ) Delete  
Name: LIDDELL, RUDOLF DR.  
Address: 413-C W ROBERTSON ST  
City-St-Zip: BRANDON, FL 33511 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: TREA (X) Change ( ) Addition  
Name: MILLER, PAUL R DR  
Address: 6838 MADISON ST  
City-St-Zip: NEW PORT RICHEY, FL 34652 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL MILLER

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11/09/2006

Electronic Signature of Signing Officer or Director

Date