

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED
Jan 04, 2012
Secretary of State

Entity Name: WEST COAST DISTRICT DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

1114 KYLE WOOD LANE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1114 KYLE WOOD LANE
BRANDON, FL 33511

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:

MILLER, PAUL R DR.
6838 MADISON ST
NEW PORT RICHEY, FL 32652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TREA
Name: MILLER, PAUL R DR
Address: 6838 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: S
Name: FREDERICK, GRASSIN J DR.
Address: 4392 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606 US

Title: 1VP
Name: CULLINAN, LEO R DR.
Address: 4933 TAMiami TRAIL #101
City-St-Zip: NAPLES, FL 34103 US

Title: P
Name: PALO, PAUL
Address: 151 AVENUE F N W
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: 2VP
Name: BRITTEN, LEONARD
Address: 213 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

Title: 1VP
Name: SUDHANSHU, DESAI DR.
Address: 1510 SE 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

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: LISSETTE ZUKNICK

ED

01/04/2012

Electronic Signature of Signing Officer or Director

Date