

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 716635

FILED
Jan 07, 2003
Secretary of State

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.
5001 WEST CYPRESS
TAMPA, FL 33607 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: T () Delete
Name: HART, ROBERT S DR
Address: 5001 WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607 US

Title: P () Delete
Name: MICHAEL, KIRSCH G DR.
Address: 1614 S W LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870 US

Title: V () Delete
Name: PAUL, MILLER R DR.
Address: 6838 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: T () Delete
Name: MICHAEL, EVANS P DR.
Address: 5664 BEE RIDGE RD #201
City-St-Zip: SARASOTA, FL 34233 US

Title: T () Delete
Name: HUGH, WUNDERLICH T DR.
Address: 32224 U.S. HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

Title: S () Delete
Name: BRYAN, MARSHALL DR.
Address: 12009 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PAUL, MILLER R DR.
Address: 6838 MADISON ST
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: V (X) Change () Addition
Name: MICHAEL, EVANS P DR.
Address: 5664 BEE RIDGE RD #201
City-St-Zip: SARASOTA, FL 34233 US

Title: T (X) Change () Addition
Name: HUGH, WUNDERLICH T DR.
Address: 32224 U.S. HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684 US

Title: T (X) Change () Addition
Name: BRYAN, MARSHALL DR.
Address: 12009 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: S (X) Change () Addition
Name: PAUL, JOHN DR.
Address: 2024 EDGEWOOD DR S
City-St-Zip: LAKELAND, FL 33803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT HART

T

01/07/2003

Electronic Signature of Signing Officer or Director

Date