

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

Entity Name: WEST COAST DISTRICT DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

1114 KYLE WOOD LANE
BRANDON, FL 33511

Current Mailing Address:

1114 KYLE WOOD LANE
BRANDON, FL 33511

FEI Number: 59-1445866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, BRYAN T DR.
5331 COMMERCIAL WAY #104
SPRING HILL, FL 34606 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: BRYAN MARSHALL

04/17/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FREDERICK, GRASSIN JDR.
Address 4392 COMMERCIAL WAY
City-State-Zip: SPRING HILL FL 34606

Title PP
Name CULLINAN, LEO RDR.
Address 4933 TAMIAMI TRAIL #101
City-State-Zip: NAPLES FL 34103

Title 1VP
Name BRITTEN, LEONARD
Address 213 CRYSTAL GROVE BLVD
City-State-Zip: LUTZ FL 33548

Title PRESIDENT
Name SUDHANSHU, DESAI DR.
Address 1510 SE 47TH TERRACE
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY
Name BULNES, CHRISTOPHER DR.
Address 3906 W NEPTUNE ST
City-State-Zip: TAMPA FL 33629

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: CHRISTOPHER BULNES

SECRETARY

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date