

**2014 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

02/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BULNES, CHRISTOPHER M DR.  
Address 3906 WEST NEPTUNE STREET  
City-State-Zip: TAMPA FL 33629

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

Title 1VP  
Name GRIMAUDO, MELISSA M DR.  
Address 17200 CAMELOT COURT  
City-State-Zip: LAND O LAKES FL 34638

Title PRESIDENT  
Name GRASSIN, FREDERICK J DR.  
Address 4392 COMMERCIAL WAY  
City-State-Zip: SPRING HILL FL 33629

Title SECRETARY  
Name CARR, NATALIE J DR.  
Address 11936 BOYETTE ROAD  
City-State-Zip: RIVERVIEW FL 33569

*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:** NATALIE CARR

SECRETARY

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date