

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED
Apr 14, 2016
Secretary of State
CC8788428328

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

04/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title PP
Name GRASSIN, FREDERICK J. DR.
Address 5347 MAIN STREET SUITE 301
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title 2VP
Name MENENDEZ, OSCAR DR.
Address 2682 WEST LAKE RD
City-State-Zip: PALM HARBOR FL 34684

Title 1VP
Name CARR, NATALIE J DR.
Address 11936 BOYETTE ROAD
City-State-Zip: RIVERVIEW FL 33569

Title SECRETARY
Name OLDHAM, CRAIG
Address 1114 KYLE WOOD LANE
City-State-Zip: BRANDON FL 33511

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: CRAIG OLDHAM

SECRETARY

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date