

**2017 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:**

ZUKNICK, LISSETTE M. MS.  
1114 KYLE WOOD LANE  
BRANDON, FL 33511 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: LISSETTE ZUKNICK**

**03/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title 1ST VICE PRESIDENT  
Name OLDHAM, CRAIG  
Address 413 W ROBERTSON #C  
City-State-Zip: BRANDON FL 33511

Title 2ND VICE PRESIDENT  
Name IRANMANESH, REZA DR.  
Address 2814 W WATERS AVE  
City-State-Zip: TAMPA FL 33614

Title TREASURER  
Name MARSHALL, BRYAN T DR.  
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: BRYAN T MARSHALL**

**TREASURER**

**03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date