

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731768

**Entity Name:** WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1821 WELLNESS DR  
TRINITY, FL 34655

**Current Mailing Address:**

1821 WELLNESS DR  
TRINITY, FL 34655 US

**FEI Number: 59-1999958**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOLFENDEN, KEITH  
1821 WELLNESS DR  
TRINITY, FL 34655 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: KEITH WOLFENDEN**

**03/06/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            PE  
Name            STILLEY, JESSICA DR.  
Address        5522 GULF DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title            VP  
Name            METZ, JOHN DR.  
Address        20743 STERLINGTON DRIVE  
City-State-Zip: LAND O LAKES FL 34638

Title            S/T  
Name            WOLFENDEN, KEITH DR.  
Address        1821 WELLNESS DR  
City-State-Zip: TRINITY FL 34655

*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: JESSICA STILLEY**

**PE**

**03/06/2013**

Electronic Signature of Signing Officer/Director Detail

Date