


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90019 011 ****61.25

DOCUMENT # 701066 1. Entity Name PINELLAS COUNTY DENTAL ASSOCIATION, INC.					
Principal Place of Business % DONNA JEAN LETZRING 3157 -7 AVENUE, NORTH ST PETERSBURG, FL 33713			Mailing Address % DONNA JEAN LETZRING 3157 -7 AVENUE, NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1494624	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LETZRING, DONNA J. 3157 7TH AVE. NORTH ST PETERSBURG, FL 33713				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGSTON, GREGORY G DMD 165 5TH AVE NE SAINT PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, STEVEN DDS 57621 1st AV N ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOOM, STEVEN DDS 5762 1ST AVE NORTH SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, MICHAEL C DDS 7499 9th ST.N. ST PETERSBURG FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANT, MICHAEL C DDS 7499 9TH ST NORTH ST.PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD INSOFT, MICHAEL DMD 6700 CROSSWINDS DR ST PETERSBURG FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ILER, ROBERT P DDS 7500 DREW OAKS DR ST. PETERSBURG, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Robert P Iler DDS</i> Robert P Iler, DDS					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 3/14/07	Daytime Phone # 727.391-4435

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