

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701066

FILED
Apr 30, 2009
Secretary of State

Entity Name: PINELLAS COUNTY DENTAL ASSOCIATION, INC.

Current Principal Place of Business:

2473 14 AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2473 14 AVE N
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-1494624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, CHRISTINE
2473 14 AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

LEE, CHRISTINE A MRS
2473 14 AVE N
ST PETERSBURG, FL 33713 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: A. CHRISTINE LEE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INSOFT, MICHAEL DMD
Address: 6700 CROSSWINDS DR
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: VPD () Delete
Name: PALAGANAS, RAFAEL DDS
Address: 8201-113TH ST. NO
City-St-Zip: SAINT PETERSBURG, FL 33772 US

Title: PD () Delete
Name: GRANT, MICHAEL C DDS
Address: 7499 9TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: TD () Delete
Name: GORDON, NORTON DDS
Address: 1911-80TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCHWEIGER, TY DMD
Address: 100-153RD AVE.
City-St-Zip: MADEIRA BEACH, FL 33706 US

Title: VP (X) Change () Addition
Name: PALAGANAS, RAFAEL DDS
Address: 8201-113TH ST. NO
City-St-Zip: SAINT PETERSBURG, FL 33772 US

Title: D (X) Change () Addition
Name: GRANT, MICHAEL C DDS
Address: 7499 9TH ST NORTH
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: T (X) Change () Addition
Name: GORDON, NORTON DDS
Address: 1911-80TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D () Change (X) Addition
Name: INSOFT, MICHAEL DMD
Address: 6700 CROSSWINDS DR. #300B
City-St-Zip: ST. PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL INSOFT

DR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date