

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: WEST COAST DISTRICT DENTAL ASSOCIATION, INC.

## Current Principal Place of Business:

9720 N ARMENIA, STE F  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

9720 N ARMENIA, STE F  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 59-1445866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, PAUL R DR.  
6838 MADISON ST  
NEW PORT RICHEY, FL 32652 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TREA ( ) Delete  
Name: MILLER, PAUL R DR  
Address: 6838 MADISON ST  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: PP ( ) Delete  
Name: WUNDERLICH, HUGH T DR.  
Address: 32224 U.S. HWY 19 N  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: P ( ) Delete  
Name: MARSHALL, BRYAN T DR.  
Address: 12009 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: PE ( ) Delete  
Name: PAUL, JOHN DR.  
Address: 2024 EDGEWOOD DR  
City-St-Zip: LAKE LAND, FL 33803 US

Title: FVP ( ) Delete  
Name: DUNDEE, NICHOLAS DR.  
Address: 455 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: SVP ( ) Delete  
Name: LIDDELL, RUDOLF DR.  
Address: 413-C W ROBERTSON ST  
City-St-Zip: BRANDON, FL 33511 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2VP (X) Change ( ) Addition  
Name: ROBERT, CHURNEY B DR.  
Address: 28469 US 19 N #401  
City-St-Zip: CLEARWATER, FL 33761 US

Title: PP (X) Change ( ) Addition  
Name: MARSHALL, BRYAN T DR.  
Address: 12009 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: P (X) Change ( ) Addition  
Name: PAUL, JOHN DR.  
Address: 2024 EDGEWOOD DR  
City-St-Zip: LAKE LAND, FL 33803 US

Title: PE (X) Change ( ) Addition  
Name: DUNDEE, NICHOLAS DR.  
Address: 455 DEL PRADO BLVD S  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: 1VP (X) Change ( ) Addition  
Name: LIDDELL, RUDOLF DR.  
Address: 413-C W ROBERTSON ST  
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LISSETTE ADKINS

ED

04/10/2007

Electronic Signature of Signing Officer or Director

Date