## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#716635** 

Address:

City-St-Zip:

413-C W ROBERTSON ST

BRANDON, FL 33511 US

FILED Sep 03, 2008 Secretary of State

Entity Name: WEST COAST DISTRICT DENTAL ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9720 N ARMENIA, STE F TAMPA, FL 33612 **Current Mailing Address: New Mailing Address:** 9720 N ARMENIA, STE F TAMPA, FL 33612 FEI Number: 59-1445866 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLER, PAUL R DR. 6838 MÁDISON ST NEW PORT RICHEY, FL 32652 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TREA () Delete () Change () Addition MILLER, PAUL R DR Name: Name: 6838 MADISON ST Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 US City-St-Zip: Title: 2VP () Delete Title: 1VP (X) Change ( ) Addition ROBERT, CHURNEY B DR. Name: ROBERT, CHURNEY B DR. Name: Address: 28469 US 19 N #401 Address: 28469 US 19 N #401 City-St-Zip: CLEARWATER, FL 33761 US City-St-Zip: CLEARWATER, FL 33761 US Title: () Delete Title: SEC (X) Change ( ) Addition MARSHALL, BRYAN T DR. CULLINAN, LEO R DR. Name: Name: 4933 TAMIAMI TRAIL #101 Address: 12009 CORTEZ BLVD Address: City-St-Zip: BROOKSVILLE, FL 34613 US City-St-Zip: NAPLES, FL 34103 US Title: ( ) Delete Title: (X) Change ( ) Addition Name: PAUL, JOHN DR. Name: PAUL, JOHN DR. 2024 EDGEWOOD DR 2024 EDGEWOOD DR Address: Address: City-St-Zip: LAKELAND, FL 33803 US City-St-Zip: LAKELAND, FL 33803 US Title: () Delete Title: (X) Change ( ) Addition DUNDEE, NICHOLAS DR. DUNDEE, NICHOLAS DR. Name: Name: 455 DEL PRADO BLVD S 455 DEL PRADO BLVD S Address: Address: City-St-Zip: CAPE CORAL, FL 33990 US City-St-Zip: CAPE CORAL, FL 33990 US Title: ( ) Delete Title: (X) Change ( ) Addition LIDDELL, RUDOLF DR. LIDDELL, RUDOLF DR. Name: Name:

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.

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BRANDON, FL 33511 US

SIGNATURE: LISSETTE ZUKNICK ED 09/03/2008