

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED
Feb 24, 2009
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: 1VP () Delete
Name: ROBERT, CHURNEY B DR.
Address: 28469 US 19 N #401
City-St-Zip: CLEARWATER, FL 33761 US

Title: SEC () Delete
Name: CULLINAN, LEO R DR.
Address: 4933 TAMiami TRAIL #101
City-St-Zip: NAPLES, FL 34103 US

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

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

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

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

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

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

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

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: LISSETTE ZUKNICK

ED

02/24/2009

Electronic Signature of Signing Officer or Director

Date