

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED  
Feb 17, 2010  
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  
Name: MILLER, PAUL R DR  
Address: 6838 MADISON ST  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: 1VP  
Name: ROBERT, CHURNEY B DR.  
Address: 28469 US 19 N #401  
City-St-Zip: CLEARWATER, FL 33761 US

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

Title: P  
Name: RUDY, LIDDELL DR.  
Address: 413-C W ROBERTSON ST  
City-St-Zip: BRANDON, FL 33511 US

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

Title: S  
Name: SUDHANSHU, DESAI DR.  
Address: 1510 SE 47TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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 all other like empowered.

SIGNATURE: PAUL MILLER

TREA

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date