

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716635

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** WEST COAST DISTRICT DENTAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1114 KYLE WOOD LANE  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

1114 KYLE WOOD LANE  
BRANDON, FL 33511

**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:** S  
**Name:** FREDERICK, GRASSIN J DR.  
**Address:** 4392 COMMERCIAL WAY  
**City-St-Zip:** SPRING HILL, FL 34606 US

**Title:** 1VP  
**Name:** CULLINAN, LEO R DR.  
**Address:** 4933 TAMiami TRAIL #101  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** P  
**Name:** PALO, PAUL  
**Address:** 151 AVENUE F N W  
**City-St-Zip:** WINTER HAVEN, FL 33881 US

**Title:** 2VP  
**Name:** BRITTEN, LEONARD  
**Address:** 213 CRYSTAL GROVE BLVD  
**City-St-Zip:** LUTZ, FL 33548

**Title:** 1VP  
**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:** LISSETTE ZUKNICK

ED

01/04/2012

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

\_\_\_\_\_  
Date