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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731768 (8)

1. Corporation Name

WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% EDWARD PALMER 8532 SR 54 GREENBROOK PLAZA NEW PORT RICHEY FL 34653 US	% EDWARD PALMER 8532 SR 54 GREENBROOK PLAZA NEW PORT RICHEY FL 34653 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Edward PAIKOFF	26 c/o Edward PAIKOFF
22 Suite, Apt. #, etc. 5837 Main St.	27 Suite, Apt. #, etc. 5837 Main St.
23 City & State New Port Richey, FL	28 City & State New Port Richey, FL.
24 Zip 34652 — 25 County Pasco	29 Zip 34652 — 30 County Pasco

3. Date Incorporated or Qualified **01/30/1975**
3a. Date of Last Report **04/23/1996**
4. FEI Number **59-1999958** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DR. LAWRENCE POSNER
5347 MAIN STREET
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name EDWARD PAIKOFF, D.D.S.
82 Street Address (P.O. Box Number is Not Acceptable) 5837 Main St.
83
84 City New Port Richey, **FL** 85 Zip Code 34652

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Edward [signature] DDS EDWARD PAIKOFF, DDS 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KINNUNEN, NILES	1.2 NAME	
STREET ADDRESS	5801 MAIN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	2.1 TITLE	Secretary-Treasurer ST/D Director ☐ Change ☒ Addition
NAME	VONSICK, WILLIAM	2.2 NAME	Edward PAIKOFF
STREET ADDRESS	5636 GRAND BLVD.	2.3 STREET ADDRESS	5837 Main St
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL. 34652
TITLE	P	3.1 TITLE	Secretary-Treasurer (T/S) ☐ Change ☐ Addition
NAME	HERSCH, WARREN	3.2 NAME	EDWARD PAIKOFF
STREET ADDRESS	8454 NORTHCLIFFE BLVD	3.3 STREET ADDRESS	5837 Main St
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	ST ☐ DELETE	4.1 TITLE	Vice President V/P/D Director ☒ Change ☐ Addition
NAME	PALMER, EDWARD	4.2 NAME	
STREET ADDRESS	8532 SR 54 GREENBROOK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	President P/D Director ☒ Change ☐ Addition
NAME	MORGAN, BARBARA	5.2 NAME	
STREET ADDRESS	5347 MAIN ST., STE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	President Elect V.P./D Director ☒ Change ☐ Addition
NAME	FONTAINE, ALBERT	6.2 NAME	
STREET ADDRESS	1520 PINEHURST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.