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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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 |
|---|---|
| C/O EDWARD PAIKOFF<br>5837 MAIN ST<br>NEW PORT RICHEY FL 34652<br>US | C/O EDWARD PAIKOFF<br>5837 MAIN ST<br>NEW PORT RICHEY FL 34652<br>US |

3. Date Incorporated or Qualified: 01/30/1975

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4033 MADISON ST. | 28 4033 MADISON ST. |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: NEW PORT RICHEY, FLA | 28 City & State: NEW PORT RICHEY, FLA |
| 24 Zip: 34652 25 Country: U.S. | 29 Zip: 34652 30 Country: U.S. |

**9. Name and Address of Current Registered Agent**

PAIKOFF, EDWARD D
5837 MAIN ST
NEW PORT RICHEY FL 34652

**10. Name and Address of New Registered Agent**

81 Name: JAMES D. MINICI
82 Street Address (P.O. Box Number is Not Acceptable): 4033 MADISON 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: James D. Minici Sec-Treas JAMES D. MINICI 2-25-98
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KINNUNEN, NILES<br>5801 MAIN ST<br>NEW PORT RICHEY FL | | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | SEC-TREAS - ST<br>JAMES D. MINICI<br>4033 MADISON ST<br>NEW PORT RICHEY, FLA 34652 | ☐ Change ☑ Addition<br>D |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>PAIKOFF, EDWARD<br>5837 MAIN ST<br>NEW PORT RICHEY FL | ☐ DELETE<br>D | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | Vice Pres. V | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HERSCH, WARREN<br>8454 NORTHCLIFFE BLVD<br>SPRING HILL FL | ☑ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>PALMER, EDWARD<br>8532 SR 54 GREENBROOK PLAZA<br>NEW PORT RICHEY FL | ☐ DELETE<br>D | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | SENIOR VICE PRES.- V | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MORGAN, BARBARA<br>5347 MAIN ST., STE 301<br>NEW PORT RICHEY FL | P | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | IMMED PAST PRES- D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FONTAINE, ALBERT<br>1520 PINEHURST DR<br>SPRING HILL FL | ☐ DELETE<br>D | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | PRES P. | ☑ Change ☐ Addition |

CR2E037 (10/97)

14. I 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.

**SIGNATURE:** James D Minici Sec-Treas JAMES D. MINICI 2-25-98 813-848-6525