FILE NOW: FILING FEE IS $61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90102 031 ****70.00

0071297

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DEPARTMENT OF STATE

DOCUMENT # **731768**

1. Corporation Name
WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4032 MADISON ST NEW PORT RICHEY FL 34652 US	4032 MADISON ST NEW PORT RICHEY FL 34652 US

2. Principal Place of Business 21 6731 MADISON STREET 22 Suite, Apt. #, etc. 23 City & State: NEW PORT RICHEY FL 24 Zip: 34652 25 Country: USA	2a. Mailing Address 26 6731 MADISON STREET 27 Suite, Apt. #, etc. 28 City & State: NEW PORT RICHEY FL 29 Zip: 34652 30 Country: USA	3. Date Incorporated or Qualifed: 01/30/1975 4. FEI Number: 59-1999958 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MINICI, JAMES D
4032 MADISON ST
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: MARCOS DIAZ DDS
82 Street Address (P.O. Box Number is Not Acceptable): 6731 MADISON STREET
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: MARCOS DIAZ DDS TREASURER-SECRETARY 2/20/99
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 KINNUNEN, NILES 5801 MAIN ST NEW PORT RICHEY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D KINNUNEN, NILES 5801 MAIN ST. NEW PORT RICHEY FL 34652	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAIKOFF, EDWARD 5837 MAIN ST NEW PORT RICHEY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D PAIKOFF, EDWARD 5837 MAIN ST NEW PORT RICHEY FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MINICI, JAMES D 4032 MADISON ST NEW PORT RICHEY FL 34652	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D MINICI, JAMES D 4032 MADISON ST NEW PORT RICHEY FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP PALMER, EDWARD 8532 SR 54 GREENBROOK PLAZA NEW PORT RICHEY FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/P PALMER, EDWARD 8532 SR 54 GREENBROOK PLAZA NEW PORT RICHEY FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORGAN, BARBARA 5347 MAIN ST., STE 301 NEW PORT RICHEY FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	STD MARCOS DIAZ 6731 MADISON STREET NEW PORT RICHEY FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FONTAINE, ALBERT 1520 PINEHURST DR SPRING HILL FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: JAMES D MINICI DDS 2/22/99 (727) 842-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #