# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 16, 2000 8:00 am**
**Secretary of State**
03-16-2000 90086 003 ****61.25

DOCUMENT # 731768

1. Entity Name

WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6731 MADISON STREET<br>NEW PORT RICHEY FL 34652 | 6731 MADISON STREET<br>NEW PORT RICHEY FL 34652-1928 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1248 Seven Sprgs Blvd | 1248 Seven Sprgs Blvd |
| Suite, Apt. #, etc.: Ste B | Suite, Apt. #, etc.: Ste B |
| City & State: New Port Richey FL | City & State: New Port Richey FL |
| Zip: 34655 Country: | Zip: 34655 Country: |

4. FEI Number: 59-1999958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DIAZ, MARCOS DDS<br>6731 MADISON STREET<br>NEW PORT RICHEY FL 34652 | Name: Robert P. Wolfenden DDS<br>Street Address (P.O. Box Number is Not Acceptable): 1248 Seven Sprgs Blvd<br>Ste B<br>City: New Port Richey FL Zip Code: 34655 |

8. 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: Robert P. Wolfenden DDS — ROBERT P. WOLFENDEN, D.D.S — 3-9-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KINNUNEN, NILES<br>5801 MAIN ST<br>NEW PORT RICHEY FL 34652 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>Robert P. Wolfenden<br>1248 Seven Sprgs Blvd Ste B<br>New Port Richey FL 34655 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>PAIKOFF, EDWARD<br>5837 MAIN ST<br>NEW PORT RICHEY FL 34652 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Paikoff Edward<br>5837 MAIN ST<br>New Port Richey FL 34652 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MINICI, JAMES D<br>4032 MADISON ST<br>NEW PORT RICHEY FL 34652 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>minici, James D<br>4032 madison St<br>New Port Richey FL 34652 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>PALMER, EDWARD<br>8532 SR 54 GREENBROOK PLAZA<br>NEW PORT RICHEY FL 34652 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>DIAZ, MARCOS<br>6731 MADISON ST<br>NEW PORT RICHEY FL 34652 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert P. Wolfenden — ROBERT P. WOLFENDEN, D.D.S — 3-9-00 — 727 372 3200 (W)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #