2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State
04-01-2002 90627 030 ****61.25

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DOCUMENT # 731768

1. Entity Name

WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1248 SEVEN SPRINGS BLVD STE B NEW PORT RICHEY FL 34655	1248 SEVEN SPRINGS BLVD STE B NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6641 Madison Street	6641 Madison Street
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: New Port Richey, FL	City & State: New Port Richey, FL
Zip: 34652 Country: US	Zip: 34652 Country: US

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
WOLFENDEN, ROBERT P DDS. 1248 SEVEN SPRINGS BLVD STE B NEW PORT RICHEY FL 34655	Name: Lewis, James C. Street Address (P.O. Box Number is Not Acceptable): 6641 Madison Street Suite 1 City: New Port Richey FL Zip Code: 34652

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 — DATE: 2-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	VD WOLFENDER, ROBERT P 1248 SEVEN SPRGS BLVD STE B NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wolfenden, Robert P. 1248 Seven Springs Blvd, Suite B New Port Richey, FL 34655	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS LEWIS, JAMES C 6641 MADISON STREET, SUITE 1 NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lewis, James C. 6641 Madison Street, Suite 1 New Port Richey, FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MINICI, JAMES D 4032 MADISON ST NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Durrett-Stephen M. 13728 Office Park Court Bayonet Point, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Stein, Jeffrey M. 6906 Madison Street New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 (9/01)

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 — 2-19-02 — 727 372 3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #