


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90074 002 ****61.25

DOCUMENT # 731768							
1. Entity Name WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.							
Principal Place of Business 13728 OFFICE PARK COURT HUDSON, FL 34667			Mailing Address 13728 OFFICE PARK COURT HUDSON, FL 34667				
2. Principal Place of Business 6906 Madison St		3. Mailing Address 6906 Madison St					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-1999958			
Applied For Not Applicable							
Zip 34652	Country US	Zip 34652	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DURRETT, STEPHEN M 13728 OFFICE PARK COURT HUDSON, FL 34667			Name Jeffrey M. Stein				
			Street Address (P.O. Box Number is Not Acceptable) 6906 Madison St				
			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Stephen Durrett</i>		Stephen Durrett		DATE 1-26-04			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, JAMES C 6641 MADISON ST STE 1 NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen M. Durrett 13728 Office Park Ct Hudson, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURRETT, STEPHEN M 13728 OFFICE PARK COURT HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Jeffrey M. Stein 6906 Madison St New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIN, JEFFERY M 6906 MADISON STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mark W. Mitchell 6731 Madison St New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, MARK W 6731 MADISON STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Scott N. Folino 34911 US Hwy 19 N suite 624 Palmer Harbour, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Stephen Durrett</i>		Stephen Durrett		DATE: 1-26-04 727-863-9669			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE			