

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731768

FILED  
Jul 11, 2005  
Secretary of State

Entity Name: WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

## Current Principal Place of Business:

6906 MADISON ST  
NEW PORT RICHEY, FL 34652

## New Principal Place of Business:

34911 US HWY 19 N  
624  
PALM HARBOR, FL 34684

## Current Mailing Address:

6906 MADISON ST  
NEW PORT RICHEY, FL 34652

## New Mailing Address:

34911 US HWY 19 N  
624  
PALM HARBOR, FL 34684

FEI Number: 59-1999958      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEIN, JEFFREY M  
6906 MADISON ST  
NEW PORT RICHEY, FL 34652      US

## Name and Address of New Registered Agent:

FOLINO, SCOTT N  
34911 US HWY 19 N  
624  
PALM HARBOR, FL 34684      US

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: SCOTT N. FOLINO

07/11/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: DURRETT, STEPHEN M  
Address: 13728 OFFICE PARK CT  
City-St-Zip: HUDSON, FL 34667

Title: VD      ( ) Delete  
Name: STEIN, JEFFREY M  
Address: 6906 MADISON ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD      ( ) Delete  
Name: MITCHELL, MARK W  
Address: 6931 MADISON ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD      ( ) Delete  
Name: MITCHELL, MARK W  
Address: 6731 MADISON STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST      ( ) Delete  
Name: FELINE, SCOTT N  
Address: 34911 US HWY 19 N SUITE 624  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD      (X) Change ( ) Addition  
Name: MITCHELL, MARK W  
Address: 6731 MADISON ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST      (X) Change ( ) Addition  
Name: FOLINO, SCOTT N  
Address: 34911 US HWY 19 N SUITE 624  
City-St-Zip: PALM HARBOR, FL 34684

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT N. FOLINO

ST

07/11/2005

Electronic Signature of Signing Officer or Director

Date