

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731768

FILED
Feb 26, 2009
Secretary of State

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

Current Principal Place of Business:

8812 HAWBUCK ST
TRINITY, FL 34655

New Principal Place of Business:

5636 GRAND BLVD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

8812 HAWBUCK ST
TRINITY, FL 34655

New Mailing Address:

5636 GRAND BLVD
NEW PORT RICHEY, FL 34652

FEI Number: 59-1999958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, HEIDI
8812 HAWBUCK ST
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

MCCASLIN, LYND SAY
5636 GRAND BLVD
NEW PORT RICHEY, FL 34652 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: LYND SAY MCCASLIN

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FRED, GRASSIN N
Address: 4392 COMMERCIAL WAY
City-St-Zip: SPRING HILL, FL 34606

Title: PE () Delete
Name: GRIFFITH, SCOTT N
Address: 11839 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: VP () Delete
Name: ALBERT, JEREMY
Address: 1806 SHORT BRANCH DR. SUITE 102
City-St-Zip: TRINITY, FL 34655

Title: S/T () Delete
Name: KORN, HEIDI
Address: 8812 HAWBUCK ST
City-St-Zip: TRINITY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCOTT, GRIFFITH
Address: 11839 OAK TRAIL WAY
City-St-Zip: PORT RICHEY, FL 34668

Title: PE (X) Change () Addition
Name: ALBERT, JEREMY
Address: 1806 SHORT BRANCH DR. SUITE 102
City-St-Zip: TRINITY, FL 34655

Title: VP (X) Change () Addition
Name: KORN, HEIDI
Address: 8812 HAWBUCK ST
City-St-Zip: TRINITY, FL 34655

Title: S/T (X) Change () Addition
Name: MCCASLIN, LYND SAY
Address: 5636 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LYND SAY MCCASLIN

S/T

02/26/2009

Electronic Signature of Signing Officer or Director

Date