2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# 731768

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

Current Principal Place of Business:

5636 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

1821 WELLNESS LANE
TRINITY, FL 34655

Current Mailing Address:

5636 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Mailing Address:

1821 WELLNESS LANE
TRINITY, FL 34655

FEI Number: 59-1999958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCASLIN, LYNDSAY
5636 GRAND BLVD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

GRIMAUDO, MELISSA
1821 WELLNESS LANE
TRINITY, FL 34655 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: MELISSA M GRIMAUDO 01/04/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: PE
Name: KORN, HEIDI DR.
Address: 8812 HAWBUCK ST
City-St-Zip: TRINITY, FL 34655

Title: VP
Name: MCCASLIN, LYNDSAY DR.
Address: 5636 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S/T
Name: GRIMAUDO, MELISSA DR.
Address: 1821 WELLNESS LANE
City-St-Zip: TRINITY, FL 34655

I hereby 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 all other like empowered.

SIGNATURE: MELISSA M GRIMAUDO S/T 01/04/2010
Electronic Signature of Signing Officer or Director Date