

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731768

FILED
Feb 22, 2011
Secretary of State

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

Current Principal Place of Business:

1821 WELLNESS LANE
TRINITY, FL 34655

New Principal Place of Business:

5522 GULF DRIVE
NEW PORT RICHEY, FL 34652

Current Mailing Address:

1821 WELLNESS LANE
TRINITY, FL 34655

New Mailing Address:

5522 GULF DRIVE
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:

GRIMAUDO, MELISSA
1821 WELLNESS LANE
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

STILLEY, JESSICA
5522 GULF DRIVE
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: JESSICA STILLEY

02/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: S/T
Name: STILLEY, JESSICA DR.
Address: 5522 GULF DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

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: JESSICA STILLEY

S/T

02/22/2011

Electronic Signature of Signing Officer or Director

Date