

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731768

FILED
Feb 23, 2012
Secretary of State

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

Current Principal Place of Business:

5522 GULF DRIVE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

20743 STERLINGTON DRIVE
LAND O LAKES, FL 34638

Current Mailing Address:

5522 GULF DRIVE
NEW PORT RICHEY, FL 34652

New Mailing Address:

20743 STERLINGTON DRIVE
LAND O LAKES, FL 34638

FEI Number: 59-1999958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STILLEY, JESSICA
5522 GULF DRIVE
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

METZ, JOHN J
20743 STERLINGTON DRIVE
LAND O LAKES, FL 34638 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: JOHN J. METZ

02/23/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PE
Name: GRIMAUDO, MELISSA DR.
Address: 17200 CAMELOT COURT
City-St-Zip: LAND O LAKES, FL 34638

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

Title: S/T
Name: METZ, JOHN DR.
Address: 20743 STERLINGTON DRIVE
City-St-Zip: LAND O LAKES, FL 34638

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: JOHN J. METZ

S/T

02/23/2012

Electronic Signature of Signing Officer or Director

Date