2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State
03-21-2003 90101 032 ****61.25

DOCUMENT # 731768

1. Entity Name

WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
6641 MADISON STREET STE 1 NEW PORT RICHEY FL 34652	6641 MADISON STREET STE 1 NEW PORT RICHEY FL 34652

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13728 Office Park Court	13728 Office Park Court
Suite, Apt. #, etc. Bayonet Point FL	Suite, Apt. #, etc. Bayonet Point FL
City & State 34667	City & State 34667
Zip / Country	Zip / Country

4. FEI Number 59-1999958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, JAMES C 6641 MADISON STREET STE 1 NEW PORT RICHEY FL 34652	Name: Stephen M Durrett Street Address (P.O. Box Number is Not Acceptable): 13728 Office Park Court City: Bayonet Point FL Zip Code: 34667

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James C Lewis — 2-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFEUDEN, ROBERT P 1248 SEVEN SPRGS BLVD STE B NEW PORT RICHEY FL 34652	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD James C Lewis 6641 Madison St, Suite 1 New Port Richey FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, JAMES C 6641 MADISON STREET, SUITE 1 NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Stephen M Durrett 13728 Office Park Court Bayonet Point FL 34667	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DURRETT, STEPHEN M 13728 OFFICE PARK COURT BAYONET POINT FL 34667	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jeffery M Stein 6906 Madison St. New Port Richey FL 34652	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEIN, JEFFRETY M 6906 MADISON STREET NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Mark W. Mitchell 6731 Madison St New Port Richey FL 34652	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James C Lewis — 2-17-03 — (727) 848-7777