2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# 735982

Entity Name: UPPER PINELLAS COUNTY DENTAL SOCIETY, INC.

Current Principal Place of Business:

P.O. BOX 611
BRANDON, FL 33509

New Principal Place of Business:

5122 WHISPERING LEAF TRL
VALRICO, FL 33594

Current Mailing Address:

P.O. BOX 611
BRANDON, FL 33509

New Mailing Address:

FEI Number: 59-1720168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAUDIO, REINALDO
2720 PARK DR
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	(X) Delete
Name:	BROWN, DEBORAH	
Address:	1993 COUNTY RD 1	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	T	( ) Delete
Name:	CHURNEY, ROBERT DR.	
Address:	28469 U.S. HWY. 19 N., STE. 401	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VP	( ) Delete
Name:	OBMAN, MARK DR	
Address:	2708 PARK DR	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VP	( ) Delete
Name:	HOPWOOD, STEPHEN E DR	
Address:	2461 A ENTERPRISE RD	
City-St-Zip:	OLDSMAR, FL 33763	
Title:	D	( ) Delete
Name:	HALLER, ROBERT	
Address:	3165 MCMULLEN BOOTH RD #A2	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	S	( ) Delete
Name:	CLAUDIO, REINALDO DR	
Address:	2720 PARK DR	
City-St-Zip:	CLEARWATER, FL 33763	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	OBMAN, MARK DR	
Address:	2708 PARK DR	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	PE	(X) Change ( ) Addition
Name:	HOPWOOD, STEPHEN E DR	
Address:	2461 A ENTERPRISE RD	
City-St-Zip:	OLDSMAR, FL 33763	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	CLAUDIO, REINALDO DR	
Address:	3001 EASTLAND BLVD #2	
City-St-Zip:	CLEARWATER, FL 33761	

I hereby certify that the information supplied with this filing does not qualify for the 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: LISSETTE ADKINS ED 04/10/2007

Electronic Signature of Signing Officer or Director — Date