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Apr 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moftam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H38361 (2)  
1. Corporation Name  
WEST COAST DENTAL GROUP, INC.

Principal Place of Business  
15834 N. DALE MABRY HWY.  
TAMPA FL 33618-1645

Mailing Address  
15834 N. DALE MABRY HWY.  
TAMPA FL 33618-1645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1985	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2522448	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CRAIG, L.D., JR., DDS 1931 WEST BRANDON BLVD. BRANDON FL 33511 → See change		10. Name and Address of New Registered Agent 81 Name Krasne, Jay D., DDS 82 Street Address (P.O. Box Number is Not Acceptable) <del>12604 Clendenning Drive</del> 83 12208 Sneed Place 84 City Tampa FL 85 Zip Code 33624	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 4/3/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPO	1.1 TITLE	
NAME	CRAIG, L.D., JR., DDS	1.2 NAME	
STREET ADDRESS	1931 W BRANDON BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D
NAME	KRASNE, JAY D., DDS	2.2 NAME	KRASNE, JAY D., DDS
STREET ADDRESS	12604 CLENDENNING DRIVE	2.3 STREET ADDRESS	12208 Sneed Place
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jay D. Krasne 2/3/98 8/39685268

CR2E034 (10/97)