2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2016
Secretary of State
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Entity Name: WEST PASCO DENTAL ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

6838 MADISON STREET
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6838 MADISON STREET
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1999958

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, PAUL
6838 MADISON STREET
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: PAUL R. MILLER DDS 02/09/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PAST PRESIDENT
Name	METZ, JOHN DR.
Address	20743 STERLINGTON DRIVE
City-State-Zip:	LAND O LAKES FL 34638

Title	VP
Name	NGUYEN, ROBIN
Address	8812 HAWBUCK STREET
City-State-Zip:	TRINITY FL 34655

Title	SECOND VICE PRESIDENT
Name	NAGELLA, NEERAGJ DR.
Address	6731 MADISON STREET
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	PRESIDENT
Name	WOLFENDEN, KEITH DR.
Address	1821 WELLNESS DR
City-State-Zip:	TRINITY FL 34655

Title	TREASURER
Name	MILLER, PAUL R
Address	6838 MADISON STREET
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	SECRETARY
Name	THOMPSON, CHRISTOPHER DR.
Address	2202 DUCK SLOUGH BLVD 104
City-State-Zip:	TRINITY FL 34655

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: PAUL R. MILLER DDS TREASURER 02/09/2016

Electronic Signature of Signing Officer/Director Detail — Date