2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2020
Secretary of State
3072625871CC

DOCUMENT# 731768

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 04/23/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

Title	PRESIDENT
Name	MEHTA, UDAY
Address	6731 MADISON STREET
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	MEDINA, CAMILLE
Address	5149 DEER PARK DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	SECRETARY
Name	DAO, BAO-TRAN
Address	15511 N. FLORIDA AVE.
City-State-Zip:	TAMPA FL 33613

Title	OFFICER
Name	PAN,RICKY
Address	5635 GRAND BLVD
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	YOUNG, SHAUN R
Address	6731 MADISON STREET
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VP
Name	FRANCISCO, GARI
Address	5305 SPRING HILL DRIVE
City-State-Zip:	SPRING HILL FL 34606

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 TREASURER 04/23/2020

Electronic Signature of Signing Officer/Director Detail — Date