2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90264 046 ****61.25

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DOCUMENT # 713844

1. Entity Name

NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA , INC.

Principal Place of Business	Mailing Address
2028 BOULEVARD JACKSONVILLE FL 32206	2028 BOULEVARD JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2028 Boulevard	2028 Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, Florida	Jacksonville, FL
Zip: 32206 Country: Duval	Zip: 32206 Country: Duval

4. FEI Number 51-0141516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MULLENS, RICK D
3215 HENDRICKS AVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name: Mullens, Rick Dr.
Street Address (P.O. Box Number is Not Acceptable): 3215 Hendricks Ave. #1
City: Jacksonville **FL** Zip Code: 32207

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.

SIGNATURE _____
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAEUSSNER, TED 1409 KINGSLEY AVE ORANGE PARK FL 32073	☒ Delete	PD WOOD, WALTER 9550 REGENCY SQ. BLVD. #304 JACKSONVILLE, FL 32225	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOD, WALTER 9550 REGENCY SQ BLVD # 340 JACKSONVILLE FL 32225	☒ Delete	V HARTLEY, GREG 4131 UNIVERSITY BLVD.SO JACKSONVILLE, FL 32216	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARTLEY, GREG 4131 UNIVERSITY BLVD SO. JACKSONVILLE FL 32216	☒ Delete	SD COCHRAN, STEVE 8355 HENDRICKS AVE. #1 JACKSONVILLE, FL 32256	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BELL, HOWARD 3927 BAYMEADOWS RD JACKSONVILLE FL 32217	☒ Delete	TR MULLENS, RICK 3215 HENDRICKS AVE. #1 JACKSONVILLE, FL 32207	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COCHRAN, STEVE 8355 BAYBERRY RD JACKSONVILLE FL 32216	☒ Delete	D STEVENS, BARRY 2365 PARK ST. JACKSONVILLE, FL 32204	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MULLENS, RICHARD 3215 HENDRICKS AVE #1 JACKSONVILLE FL 32207	☒ Delete	TD BELL, HOWARD 3927 BAYMEADOWS RD. JACKSONVILLE, FL 32217	☒ Change	☐ Addition

CR2E037 (9/01)

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: RICK MULLENS, DMD PRESIDENT 904.399.3163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #