FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # H01757 (4)

1. Corporation Name

JAMES A. STRICKLAND, JR., D.M.D., P.A.

Principal Place of Business	Mailing Address
4401 WESCONNETT BLVD SUITE 200 JACKSONVILLE FL 32210	4401 WESCONNETT BLVD. PO BOX 56107 JACKSONVILLE FL 31141-6107 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1984
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2411795 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business / 2a. Mailing Address / Suite, Apt. # etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKLAND, JAMES A., JR., D.M.D. 4401 WESCONNETT BLVD. SUITE 200 JACKSONVILLE FL 32210	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	STRICKLAND, JAMES A. JR.
STREET ADDRESS	4401 WESCONNETT BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	STRICKLAND, JAMES A. JR.
STREET ADDRESS	4401 WESCONNETT BLVD.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James A. Strickland DMD PA President 1/24/95 904 772-8060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407157 FP