

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01757

FILED
Sep 01, 2008
Secretary of State

Entity Name: JAMES A. STRICKLAND, JR., D.M.D., P.A.

Current Principal Place of Business:

4001 CONFEDERATE PT RD
SUITE 3
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

4001 CONFEDERATE PT. RD.
SUITE 3
JACKSONVILLE, FL 32210 US

Current Mailing Address:

PO BOX 440939
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 59-2411795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRICKLAND, JAMES A., JR., D.M.D.
4001CONFEDERATE POINT ROAD
SUITE # 3
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: STRICKLAND, JAMES A., JR. DMD PA
Address: 4001 #3 CONFEDERATE POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: STRICKLAND, JAMES A., JR. DMD PA
Address: 4001 #3 CONFEDERATE POINT ROAD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. STRICKLAND JR. DMD PA

DR.

09/01/2008

Electronic Signature of Signing Officer or Director

Date