

**FILED**

**Apr 29, 2004 08:00 AM**

**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 482758

1. Entity Name  
JAMES F. WHITE D.M.D. P.A.



Principal Place of Business  
5120 BAYOU BLVD  
CORDOVA MEDICAL DENTAL CENTER  
PENSACOLA, FL 32503-2102

Mailing Address  
5120 BAYOU BLVD  
CORDOVA MEDICAL DENTAL CENTER  
PENSACOLA, FL 32503-2102



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1627697 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, JAMES F  
5120 BAYOU BLVD, CORDOVA MED./DENT. CENTER  
PENSACOLA, FL

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if representative. NOTE: Registered Agent signature required when changing.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, JAMES F 5120 BAYOU BLVD PENSACOLA, FL
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04/29/04-80183-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(9)(b) 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 607, 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 employees.

SIGNATURE: James F. White MD Date: 26 Apr 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR