

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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 32503-2T02

Mailing Address

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



01052005 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------|
| TITLE | PD |
| NAME | WHITE, JAMES F |
| STREET ADDRESS | 5120 BAYOU BLVD |
| CITY - ST - ZIP | PENSACOLA, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

000000179282
01/13/05-80012-003 150.00

**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 119.07(3)(f), 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 empowered.

SIGNATURE:

James F. White D.M.D, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-05
Date

850 477 3485
Daytime Phone #