

FILED

Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90003 027 ***150.00

813125



DO NOT WRITE IN THIS SPACE

DOCUMENT # 547962

1. Entity Name
J. MILTON MCKNIGHT, D.D.S., P.A.

Principal Place of Business
3599 UNIVERSITY BLVD S.
SUITE 102
JACKSONVILLE FL 32216

Mailing Address
3599 UNIVERSITY BLVD S.
SUITE 102
JACKSONVILLE FL 32216

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number
59-1765652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCKNIGHT, J. MILTON
3599 UNIVERSITY BLVD S.
SUITE 102
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS:
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete
PSD
MCKNIGHT, J. MILTON
3599 UNIVERSITY BLVD S.
JACKSONVILLE FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Milton McKnight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

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