

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 588646 1. Entity Name JAMES L. GRIFFIN, D.D.S., P.A.				Secretary of State	
Principal Place of Business 6802 ST. AUGUSTINE RD. JACKSONVILLE, FL 32217		Mailing Address 2351 LA MESA DR JACKSONVILLE, FL 32217			
DO NOT WRITE IN THIS SPACE					
				02212007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1849621		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIFFIN, JAMES L. 2352 LA MESA DR JACKSONVILLE, FL 32217				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<div>U00000654866</div> <div>03/13/07-80079-018 150.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	PST				
NAME	GRIFFIN, JAMES L.				
STREET ADDRESS	2351 LA MESA DR				
CITY- ST- ZIP	JACKSONVILLE, FL 32217				
TITLE	V				
NAME	GRIFFIN, BARBARA C.				
STREET ADDRESS	2351 LA MESA DR.				
CITY- ST- ZIP	JACKSONVILLE, FL 32217				
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 L. Griffin, D.D.S. (904) 733-4317 March 1, 2007			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			