


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 602350		
1. Entity Name CHARLES M. EDWARDS, JR., D.M.D., P.A.		

FILED

2009 JUL 15 PM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07062009 REIN-0 CR2E098 (1/07) 68:09

**REINSTATEMENT**

Principal Place of Business % CHARLES M. EDWARDS 774 N EDGEWOOD AVE JACKSONVILLE, FL 32205	Mailing Address % CHARLES M. EDWARDS 774 N EDGEWOOD AVE JACKSONVILLE, FL 32205
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2. Principal Place of Business - No P.O. Box # <u>8354 Baymeadows Rd.</u> Suite, Apt. #, etc.	3. Mailing Address <u>8354 Baymeadows Rd.</u> Suite, Apt. #, etc.
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City & State <u>Jacksonville, FL</u>	City & State <u>Jacksonville FL</u>
Zip <u>32256</u>	Country <u>USA</u>

4. FEI Number <u>59-1301926</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  EDWARDS, CHARLES M. 774 N EDGEWOOD AVE JACKSONVILLE, FL 32205	
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7. Name and Address of New Registered Agent Name <u>Charles M. Edwards</u> Street Address (P.O. Box Number is Not Acceptable) <u>8354 Baymeadows Rd.</u> City <u>Jacksonville</u> <u>FL</u> Zip Code <u>32256</u>	
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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 <u>Charles M. Edwards / mo</u> DATE <u>7/10/09</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, CHARLES M. (JR) 774 N EDGEWOOD AVE JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Charles M. Edwards 8354 Baymeadows Rd Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Charles M. Edwards</u> DATE <u>7/10/09</u> DAYTIME PHONE # <u>(904) 737-7436</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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Marched JUL 15 2009