

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713844

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2028 BOULEVARD  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

2028 BOULEVARD  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 51-0141516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MULLENS, RICK D  
3215 HENDRICKS AVE  
#1  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STEVENSON, RICK  
Address: 6851 BELFORT OAKS PL  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD ( ) Delete  
Name: HARTLEY, GREG  
Address: 4131 UNIV. BLVD. S.  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V ( ) Delete  
Name: COCHRAN, STEVE  
Address: 8355 HENDRICKS AVE., #1  
City-St-Zip: JACKSONVILLE, FL 32256

Title: TD ( ) Delete  
Name: BELL, HOWARD  
Address: 3927 BAYMEADOWS RD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: S ( ) Delete  
Name: STEVENS, BARRY  
Address: 2365 PARK ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: TR ( ) Delete  
Name: MULLENS, RICHARD  
Address: 3215 HENDRICKS AVE #1  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD MULLENS

TR

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date