2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State
03-16-2007 90042 026 ****61.25

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1. Entity Name

JACKSONVILLE DENTAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2028 BOULEVARD JACKSONVILLE FL 32206	2028 BOULEVARD JACKSONVILLE FL 32206

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1376019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRAIG, JOHN E DDS 6223 SAUTERNE DRIVE JACKSONVILLE FL 32210	Name: MARGARET L. ROMEO, DMD Street Address (P.O. Box Number is Not Acceptable): 1161-A SOUTH 6TH STREET City: MACCLENNY **FL** Zip Code: 32063

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: X Margaret Romeo — MARGARET L. ROMEO, DMD — FEBRUARY 27, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD SCHUMACHER, JAMES L DMD 4201 ROOSEVELT BLVD JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PPD DARRYL A. FIELD, DDS 1361 13TH AVE. S. STE 220 JACKSONVILLE, FL 32250	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIELD, DARRYL A DDS 1361 13TH AVE. S., SUITE 220 JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD MICHELE L. CAVENDISH, DMD 137 W. ADAMS STREET JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAVENDISH, MICHELE L DMD 137 W ADAMS STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD DANIEL J. GESEK, JR., DMD 2047 PARK STREET JACKSONVILLE, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMEO, MARGARET L DMD 1161-A SOUTH 6TH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D BRIAN T. YOUNG, DDS 11945 SAN JOSE BLVD. #101 JACKSONVILLE, FL 32223	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAIG, JOHN E DDS 6223 SAUTERNE DR JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD MARGARET L. ROMEO, DMD 1161-A SOUTH 6TH STREET MACCLENNY, FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GESEK, JR, DANIEL J DMD 2047 PARK STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD JOHN E. CRAIG, DDS 6223 SAUTERNE DR. JACKSONVILLE, FL 32210	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: X Margaret Romeo — MARGARET L. ROMEO, DMD — FEBRUARY 27, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #