2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90040 043 ****61.25

DOCUMENT # 717715

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 (10/07)

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

CRAIG, JOHN E DDS
6223 SAUTERNE DRIVE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name: BRIAN T. YOUNG, DDS
Street Address (P.O. Box Number is Not Acceptable): 11945 SAN JOSE BLVD. #101
City: JACKSONVILLE **FL** Zip Code: 32223

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: [signature] BRIAN T. YOUNG, DDS FEBRUARY 27, 2008
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, 2008

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 FIELD, DARRYL A DDS 1361 13TH AVE. S. STE 220 JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD MICHELE L. CAVENDISH, DMD 137 W. ADAMS STREET JACKSONVILLE, FL 32202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAVENDISH, MICHELE L DMD 137 W. ADAMS ST. JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DANIEL J. GESEK, JR., DMD 2047 PARK STREET JACKSONVILLE, FL 32204	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GESEK, DANIEL J JR 2047 PARK STREET JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARGARET L. ROMEO, DMD 546 SOUTH 5TH STREET MACCLENNY, FL 32063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, BRIAN T DDS 11945 SAN JOSE BLVD. #101 JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAWN M. PERCE, DMD 9550 REGENCY SQUARE BLVD. #212 JACKSONVILLE, FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROMEO, MARGARET L DMD 1161-A SOUTH 6TH STREET MACCLENNY FL 32063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BRIAN T. YOUNG, DDS 11945 SAN JOSE BLVD. #101 JACKSONVILLE, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CRAIG, JOHN E DDS 6223 SAUTERINE DR, JACKSONVILLE FL 32110	☐ 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: [signature] BRIAN T. YOUNG, DDS, SECRETARY DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date