

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717715

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: JACKSONVILLE DENTAL SOCIETY, INC.

## Current Principal Place of Business:

2028 BOULEVARD  
JACKSONVILLE, FL 32206

## New Principal Place of Business:

2028 BOULEVARD STREET  
JACKSONVILLE, FL 32206

## Current Mailing Address:

2028 BOULEVARD  
JACKSONVILLE, FL 32206

## New Mailing Address:

2028 BOULEVARD STREET  
JACKSONVILLE, FL 32206

FEI Number: 59-1376019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOUNG, BRIAN T DDS  
11945 SAN JOSE BLVD. #101  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

PERCE, SHAWN M DMD  
9550 REGENCY SQUARE BLVD. #212  
JACKSONVILLE, FL 32225 US

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: SHAWN M. PERCE, DMD

01/12/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PPD ( ) Delete  
Name: CAVENDISH, MICHELE L DMD  
Address: 137 W. ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD ( ) Delete  
Name: GESEK, DANIEL JR.  
Address: 137 W. ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD ( ) Delete  
Name: ROMEO, MARGARET L  
Address: 546 SOUTH 5TH STREET  
City-St-Zip: MACCLENNY, FL 32063

Title: D ( ) Delete  
Name: SHAWN, PERCE M  
Address: 9550 REGENCY SQUARE BLVD. #212  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: YOUNG, BRIAN T DDS  
Address: 11945 SAN JOSE BLVD. #101  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Delete  
Name: CRAIG, JOHN E DDS  
Address: 6223 SAUTERINE DR,  
City-St-Zip: JACKSONVILLE, FL 32110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change ( ) Addition  
Name: GESEK, JR., DANIEL J DMD  
Address: 2047 PARK STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD (X) Change ( ) Addition  
Name: ROMEO, MARGARET L DMD  
Address: 546 SOUTH 5TH STREET  
City-St-Zip: MACCLENNY, FL 32063

Title: VPD (X) Change ( ) Addition  
Name: YOUNG, BRIAN T DDS  
Address: 11945 SAN JOSE BLVD. #101  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D (X) Change ( ) Addition  
Name: WHITE, JR., CECIL M DMD  
Address: 109 SYLVAN DRIVE  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD (X) Change ( ) Addition  
Name: PERCE, SHAWN M DMD  
Address: 9550 REGENCY SQUARE BLVD. #212  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Change ( ) Addition  
Name: CRAIG, JOHN E DDS  
Address: 815 WICKLOW COURT  
City-St-Zip: ORANGE PARK, FL 32065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHAWN M. PERCE, DMD

SD

01/12/2009

Electronic Signature of Signing Officer or Director

Date