

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717715

FILED
Apr 05, 2011
Secretary of State

Entity Name: JACKSONVILLE DENTAL SOCIETY, INC.

Current Principal Place of Business:

2028 BOULEVARD STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

3733 UNIVERSITY BLVD. WEST
SUITE 205
JACKSONVILLE, FL 32217

Current Mailing Address:

2028 BOULEVARD STREET
JACKSONVILLE, FL 32206

New Mailing Address:

3733 UNIVERSITY BLVD. WEST
SUITE 205
JACKSONVILLE, FL 32217

FEI Number: 59-1376019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, JR., CECIL DMD
109 SYLVAN DRIVE
ATLANTIC BEACH, FL 32233 US

Name and Address of New Registered Agent:

AGUILA, RICHARD E DDS
11512 LAKE MEAD AVENUE
SUITE #532
JACKSONVILLE, FL 32257 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: RICHARD E. AGUILA

04/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PPD
Name: YOUNG, BRIAN T DDS
Address: 11945 SAN JOSE BLVD. SUITE 101
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD
Name: PERCE, SHAWN M DMD
Address: 605 STATE ROAD 13 SUITE #104
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD
Name: WHITE, JR., CECIL DMD
Address: 109 SYLVAN DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: LEWIS, JASON DDS
Address: 130 GATEWAY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD
Name: AGUILA, RICHARD E DDS
Address: 11512 LAKE MEAD AVE. SUITE 532
City-St-Zip: JACKSONVILLE, FL 32257

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

I hereby 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 all other like empowered.

SIGNATURE: RICHARD E, AGUILA, DDS

DS

04/05/2011

Electronic Signature of Signing Officer or Director

Date