

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717715

FILED
Jan 03, 2012
Secretary of State

Entity Name: JACKSONVILLE DENTAL SOCIETY, INC.

Current Principal Place of Business:

3733 UNIVERSITY BLVD. WEST
SUITE 205
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

3733 UNIVERSITY BLVD. WEST
SUITE 205
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-1376019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEWIS, JASON D DDS
130 GATEWAY CIRCLE
ST. JOHNS, FL 32259 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: JASON D. LEWIS, DDS

01/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: GERIC, CHRISTOPHER DMD
Address: 4788 HODGES BLVD. SUITE 205
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD
Name: LEWIS, JASON D DDS
Address: 130 GATEWAY CIRCLE
City-St-Zip: ST. JOHNS, FL 32259

Title: TD
Name: LEWIS, JASON D DDS
Address: 130 GATEWAY CIRCLE
City-St-Zip: ST. JOHNS, FL 32259

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: JASON D. LEWIS, DDS

SD

01/03/2012

Electronic Signature of Signing Officer or Director

Date