

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G15979

1. Entity Name

JOHN R. JORDAN, JR., D.M.D., P.A.



Principal Place of Business

2617 N FLAGLER DR
SUITE 301
W PALM BCH, FL 33407

Mailing Address

2617 N FLAGLER DR
SUITE 301
W PALM BCH, FL 33407



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2246822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JORDAN, JOHN R DMD
2617 N FLAGLER DR
STE 301
WEST PALM BEACH, FL 33407

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME JORDAN, JOHN R DMD
STREET ADDRESS 1004 COUNTRY CLUB DR
CITY-ST-ZIP N. PALM BEACH, FL

TITLE VD
NAME JORDAN, JOHN DMD
STREET ADDRESS 1004 COUNTRY CLUB DR
CITY-ST-ZIP N. PALM BEACH, FL

TITLE S
NAME JORDAN, LINDA D
STREET ADDRESS 1004 COUNTRY CLUB DR.
CITY-ST-ZIP N. PALM BCH., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/24/05-80052-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-05 561-659-1688