

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H01757 (4)

1. Corporation Name
JAMES A. STRICKLAND, JR., D.M.D., P.A.

Principal Place of Business
4401 WESCONNETT BLVD.
SUITE 200
JACKSONVILLE FL 32210

Mailing Address
4401 WESCONNETT BLVD.
PO BOX 56107
JACKSONVILLE FL 32241-6107
US



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 05/02/1984	3a. Date of Last Report 06/25/1996
4. FEI Number 59-2411795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STRICKLAND, JAMES A., JR., D.M.D. 4401 WESCONNETT BLVD. SUITE 200 JACKSONVILLE FL 32210		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STRICKLAND, JAMES A. JR.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	4401 WESCONNETT BLVD.	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	JACKSONVILLE FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	D	3.1 TITLE	3.2 NAME
NAME	STRICKLAND, JAMES A. JR.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	4401 WESCONNETT BLVD.	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	JACKSONVILLE FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE		5.1 TITLE	5.2 NAME
NAME		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS		6.1 TITLE	6.2 NAME
CITY - ST - ZIP		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/14/97

CR2E034 (9/96)