

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H01757

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** JAMES A. STRICKLAND, JR., D.M.D., P.A.

**Current Principal Place of Business:**

4001 CONFEDERATE PT. RD.  
SUITE 3  
JACKSONVILLE, FL 32210 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 440939  
JACKSONVILLE, FL 32222 US

**New Mailing Address:**

1505 MILLBROOK COURT  
FLEMING ISLAND, FL 32003 US

**FEI Number:** 59-2411795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STRICKLAND, JAMES A., JR., D.M.D. P.A.  
4001CONFEDERATE POINT ROAD  
SUITE # 3  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: STRICKLAND, JAMES A. JR. DMD PA  
Address: 4001 #3 CONFEDERATE POINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: D  
Name: STRICKLAND, JAMES A. JR. DMD PA  
Address: 4001 #3 CONFEDERATE POINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32210

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES A. STRICKLAND JR.

OWNE

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date