

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

ATX1

**Apr 17, 2006 08:00 AM
Secretary of State**

| | |
|--------------------------------|--|
| DOCUMENT # H96553 | |
| 1. Entity Name | |
| DR JOHN C.G. REYNOLDS, DDS, PA | |

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------|
| 2. Principal Place of Business 2826 BROADWAY STE 100 | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|-----------------------|-------------------------|-----------------------|--|---|
| City & State RIVIERA BEACH, FL | | City & State | | 4. FEI Number 59-2614794 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33404-2308 | Country USA | Zip 33404 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|--|---|
| 7. Name and Address of Current Registered Agent | |
| Name JOHN CG REYNOLDS | |
| Street Address (P.O. Box Number is Not Acceptable) 2826 BROADWAY STE 100 | |
| City RIVIERA BEACH | FL Zip Code 33404-2308 |

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

Make Check Payable to Florida Department of State

| | | | | | |
|---|--|--|--|--|--|
| 10. OFFICERS AND DIRECTORS | | | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVSTD JOHN CG REYNOLDS 2826 BROADWAY STE 100 RIVIERA BEACH, FL 33404-2308 | | | 1100000514207 04/29/06-80160-022 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 **JOHN CG REYNOLDS, PRES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-06 (561) 842-1360
Daytime Phone #