

2008
**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90025 028 ***150.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State RIVIERA BEACH, FL		City & State	
Zip 33404-2308	Country USA	Zip 33404	Country USA

40058073

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2614794		Applied For <input checked="" type="checkbox"/> Not Applicable	
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	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**

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD JOHN CG REYNOLDS 2826 BROADWAY STE 100 RIVIERA BEACH, FL 33404-2308
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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**  **(561) 842-1360**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #