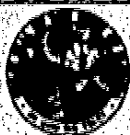


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J64353

(2)

1. Corporation Name

ERIC L. TOWNSEND, D.D.S., P.A.

Principal Place of Business

**238 SOLANO RD
PONTE VEDRA FL 32082**

Mailing Address

**238 SOLANO RD
PONTE VEDRA FL 32082**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1987

3a. Date of Last Report

03/21/1994

4. FEI Number

59-2760888

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLBROOK, H LEON
BLALOCK, HOLBROOK & AKEL, P.A.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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 fee if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

TOWNSEND, ERIC L. DDS

STREET ADDRESS

238 SOLANO RD.

CITY - ST - ZIP

PONTE VEDRA FL

TITLE

D

NAME

KELLEY, JOHN R. DDS

STREET ADDRESS

3704 HEATH RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

DST

NAME

WOODWARD, RICK DOSS

STREET ADDRESS

5175 NORMANDY BLVD.

CITY - ST - ZIP

JACKSONVILLE FL

1.1 TITLE

D

1.2 NAME

KELLEY, JOHN R. DDS

1.3 STREET ADDRESS

3704 HEATH ROAD

1.4 CITY - ST - ZIP

JACKSONVILLE, FL

2.1 TITLE

DST

2.2 NAME

WOODWARD, RICK DDS

2.3 STREET ADDRESS

5175 NORMANDY BLVD.

2.4 CITY - ST - ZIP

JACKSONVILLE, FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

DELETE

☒ Change ☐ Addition

DELETE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Eric L. Townsend
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Expires

4/10/95

(904) 285.7711