

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 03/30/1987	3a. Date of Last Report 04/17/1995
4. FEI Number 59-2760888	Applied For ☐ Not Applicable
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	

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
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **James V. Walker, c/o Walker & Koegler, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
83 **Bldg 100 Suite 200**
84 City **Jacksonville** FL 85 Zip Code **32256**

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

James Walker

(If 2016 Registered Agent signature required, attach and sign)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☒ DELETE
NAME	KELLEY, JOHN R.
STREET ADDRESS	3704 HEATH ROAD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	☒ DELETE
NAME	WOODWARD, RICK DDS
STREET ADDRESS	5175 NORMANDY BLVD
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	DPS Eric L. Townsend
1.3 STREET ADDRESS	238 Solano Road
1.4 CITY, ST, ZIP	Ponte Vedra Beach, FL 32082
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric L. Townsend
Eric L. Townsend, DDS

1/23/96 **904 285-7711**

CR2E034 (12/95)