

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90003 004 \*\*\*550.00

**DOCUMENT # J98717**

1. Entity Name  
**DOCTORS DENTAL SERVICES, INC.**



Principal Place of Business  
**9000 GOLFSIDE DR.  
JACKSONVILLE, FL 32256 US**

Mailing Address  
**9000 GOLFSIDE DR.  
JACKSONVILLE, FL 32256 US**

**34063097**



07052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2862571</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HOLBROOK, H. LEON</b> <b>HOLBROOK, AKEL, COLD, AKEL &amp; HOLBROOK</b> <b>1 INDEPENDANT DR. #2301</b> <b>JACKSONVILLE, FL 32202</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, JOHN R. DDS	NAME	
STREET ADDRESS	6504 ARLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, RICK DDS	NAME	
STREET ADDRESS	6504 ARLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, SHARON	NAME	
STREET ADDRESS	6504 ARLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, SUZANNE W	NAME	
STREET ADDRESS	6504 ARLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAL, TERESA R	NAME	
STREET ADDRESS	6504 ARLINGTON ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Teresa R. Heal*  
**Teresa R. Heal**

*7/16/04*  
**7/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #