

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

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**



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2862571

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON
HOLBROOK, AKEL, COLD, AKEL & HOLBROOK
1 INDEPENDANT DR. #2301
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	KELLEY, JOHN R. DDS
STREET ADDRESS	6504 ARLINGTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D
NAME	WOODWARD, RICK DDS
STREET ADDRESS	6504 ARLINGTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	P
NAME	CLARK, SHARON
STREET ADDRESS	6504 ARLINGTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	S
NAME	LEE, SUZANNE W
STREET ADDRESS	6504 ARLINGTON ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000362317
05/05/05-80113-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Suzanne W. Lee, Inc.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-05 (904) 367-1722
Date Daytime Phone #