

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98717

FILED
May 01, 2006
Secretary of State

Entity Name: DOCTORS DENTAL SERVICES, INC.

Current Principal Place of Business:

9000 GOLFSIDE DR.
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

9000 GOLFSIDE DR.
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-2862571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARKS, GRAY, P.A.
MARKS, GRAY, P.A.
1200 RIVERPLACE BLVD. SUITE 800
JACKSONVILLE, FL 32201 US

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.

SIGNATURE: NICHOLAS V. PUGLINANO

05/01/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KELLEY, JOHN R. DDS,
Address: 6504 ARLINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: WOODWARD, RICK DDS,
Address: 6504 ARLINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: CLARK, SHARON
Address: 6504 ARLINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: LEE, SUZANNE W
Address: 6504 ARLINGTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KELLEY, JOHN R. DDS,
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: WOODWARD, RICK DDS,
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: P (X) Change () Addition
Name: CLARK, SHARON
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: S (X) Change () Addition
Name: LEE, SUZANNE W
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE W. LEE

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date