

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98717

FILED
Apr 26, 2007
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: WOODWARD, W. RICHARD, DDSW. RICHARD WOODWAR
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD (X) Change () Addition
Name: DAWLEY, MARK E
Address: 9000 GOLFSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: W. RICHARD WOODWARD, DDS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date