

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90369 045 ***150.00

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DOCUMENT # J98717

1. Entity Name
DOCTORS DENTAL SERVICES, INC.



Principal Place of Business
**6504 ARLINGTON RD
JACKSONVILLE FL 32211
US**

Mailing Address
**6504 ARLINGTON RD
JACKSONVILLE FL 32211
US**

00000000



2. Principal Place of Business
9000 Golfside Dr

3. Mailing Address
9000 Golfside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-2862571**

Applied For
Not Applicable

Zip **32256** Country **USA**

Zip **32256** Country **USA**

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, JOHN R. DDS 6504 ARLINGTON ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, RICK DDS 6504 ARLINGTON ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, SHARON 6504 ARLINGTON ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, SUZANNE W 6504 ARLINGTON ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEAL, TERESA R 6504 ARLINGTON ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon Clark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date Daytime Phone #

CR2E034 (10/02)