

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K07897

FILED
Jan 14, 2003
Secretary of State

Entity Name: DORNE', ROCKEY, SECUNDA AND MAGEE, P.A.

Current Principal Place of Business:

4 OLD KINGS RD. NORTH
A
PALM COAST, FL 321378226

New Principal Place of Business:

Current Mailing Address:

4 OLD KINGS RD. NORTH
A
PALM COAST, FL 321378226

New Mailing Address:

FEI Number: 59-2860813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, MITCHELL A
149 S RIDGEWOOD AVE STE 710
SUITE B
DAYTONA BEACH, FL 32114 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: D () Delete
Name: DORNE', WILLIAM PADG, ETT
Address: 4 OLD KINGS RD. NORTH
City-St-Zip: PALM COAST, FL

Title: PD () Delete
Name: ROCKEY, D.S. (PAT),
Address: 4 OLD KINGS RD. NORTH
City-St-Zip: PALM COAST, FL

Title: D () Delete
Name: SECUNDA, RICHARD M.,
Address: 4 OLD KINGS ROAD NORTH
City-St-Zip: PALM COAST, FL

Title: D () Delete
Name: MAGEE, SHAWN P,
Address: 4 OLD KINGS ROAD NORTH
City-St-Zip: PALM COAST, FL 321378226 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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. PADGE DORNE, D.M.D.

DMD

01/14/2003

Electronic Signature of Signing Officer or Director

Date