

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90311 025 ***158.75

DOCUMENT #

M04872

1. Entity Name

AMERICAN DENTAL CARE OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38A Blanding Blvd

Suite, Apt. #, etc.

3. Mailing Address

38A Blanding Blvd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orange Park, FL 32073

City & State

Orange Park, FL 32073

4. FEI Number

59-2453127

Applied For

Not Applicable

Zip

Country

32073

USA

Zip

Country

32073

USA

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

7. Name and Address of Current Registered Agent

Name

Richard Pearson, DDS

Street Address (P.O. Box Number is Not Acceptable)

38A Blanding Blvd

City

Orange Park

FL

Zip Code
32073

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PM Richard Pearson, DDS 38A Blanding Blvd Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Marilyn Pearson, DDS 38A Blanding Blvd Orange Park, FL 32073	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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13. 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 11 or on an attachment with an address, with all other like empowered.

Marilyn Pearson, DDS/sec

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 904-272-9440

Date

Daytime Phone #

CR2E034B (12/01)