

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M04872

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN DENTAL CARE OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

38A BLANDING BLVD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

38A BLANDING BLVD  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 59-2453127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PEARSON, RICHARD A, DDS  
38A BLANDING BLVD  
ORANGE PARK, FL 32073 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

**OFFICERS AND DIRECTORS:**

Title: PM  
Name: PEARSON, RICHARD, DDS  
Address: 38A BLANDING BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: ST  
Name: PEARSON, MARILYN, DDS  
Address: 38A BLANDING BLVD.  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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 all other like empowered.

SIGNATURE: MARILYN PEARSON, D.D.S.

ST

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date