2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N00000008326

Entity Name: CLAY COUNTY DENTAL CARE INC.

Current Principal Place of Business:

1414 KINGSLEY AVE, STE 2
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1414 KINGSLEY AVE, STE 2
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3688639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, DAVID A ESQ
1414 KINGSLEY AVE, STE 2
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:	D	( ) Delete
Name:	ARCHAMBAULT, GREGORY A D.M.D.	
Address:	1414 KINGSLEY AVE, STE 2	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	HARRINGTON, JOHN J D.D.S.	
Address:	1584 KINGSLEY AVE, STE A	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	FIELDS, ROBERT P D.M.D.	
Address:	421 KINGSLEY AVE, STE 301	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	CIOFFI, GERALD A D.M.D.	
Address:	767 BLANDING BLVD, STE 108	
City-St-Zip:	ORANGE PARK, FL 32065	
Title:	D	( ) Delete
Name:	CAPUTA, LEWIS A D.M.D.	
Address:	1409 KINGSLEY AVE, BLDG 5	
City-St-Zip:	ORANGE PARK, FL 32073	
Title:	D	( ) Delete
Name:	HAESSNER, THEODORE A D.M.D.	
Address:	1409 KINGSLEY AVE, BLDG 11	
City-St-Zip:	ORANGE PARK, FL 32073	

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:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY A ARCHAMBAULT, DMD D 06/29/2009

Electronic Signature of Signing Officer or Director — Date