


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90200 007 \*\*\*\*61.25

<b>DOCUMENT # N01000003829</b> 1. Entity Name <b>DENTISTS CARE OF JACKSONVILLE, INC.</b>					
Principal Place of Business <b>5322 N PEARL STREET JACKSONVILLE, FL 32208</b>			Mailing Address <b>5322 N PEARL STREET JACKSONVILLE, FL 32208</b>		
2. Principal Place of Business <b>1830 WEST 45TH ST. SUITE 5 JACKSONVILLE, FL 32209 U.S.A</b>		3. Mailing Address <b>1830 WEST 45TH ST. SUITE 5 JACKSONVILLE, FL 32209 U.S.A</b>			
4. FEI Number <b>59-3721451</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>PEEK, DAVID H 5322 N PEARL STREET JACKSONVILLE, FL 32208</b>			7. Name and Address of New Registered Agent Name <b>SLAVKIN, STEVEN R, D.D.S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1830 WEST 45TH ST SUITE 5 JACKSONVILLE FL 32209</b>		
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  <b>STEVEN R. SLAVKIN, D.D.S.</b> <b>4-7-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MORRISON, WENDELL D.D.S.</b> <b>5425 VERNA BLVD</b> <b>JACKSONVILLE, FL 32205</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLAVKIN, STEVEN D.D.S.</b> <b>5322 N PEARL STREET</b> <b>JACKSONVILLE, FL 32208</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>FREEMAN, FREDIA</b> <b>505 NORTHMAIN STREET</b> <b>JACKSONVILLE, FL 32202</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>HAEUSSNER, TED</b> <b>1409 KINGSLEY AVE BLDG 11</b> <b>ORANGE PARK, FL 32073</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAYLE, PATRICK</b> <b>426 S MCDUFF AVE</b> <b>JACKSONVILLE, FL 32254</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLAVKIN, STEVEN R, D.D.S.</b> <b>1830 WEST 45TH ST, SUITE 5</b> <b>JACKSONVILLE, FL 32209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 617, 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:  <b>PATRICK HAYLE</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>4/20/04 904-421-5141</b> <small>Date Daytime Phone #</small>					