

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90200 007 ***61.25

DOCUMENT # N01000003829

1. Entity Name
DENTISTS CARE OF JACKSONVILLE, INC.



Principal Place of Business
**5322 N PEARL STREET
 JACKSONVILLE, FL 32208**

Mailing Address
**5322 N PEARL STREET
 JACKSONVILLE, FL 32208**



| | | | |
|---|-------------------------|---|-------------------------|
| 2. Principal Place of Business 1830 WEST 45TH ST. | | 3. Mailing Address 1830 WEST 45TH ST. | |
| Suite, Apt. #, etc. SUITE 5 | | Suite, Apt. #, etc. SUITE 5 | |
| City & State JACKSONVILLE, FL | | City & State JACKSONVILLE, FL | |
| Zip 32209 | Country U.S.A | Zip 32209 | Country U.S.A |

04082004 Chg-NP CR2E037 (10/03)

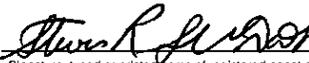
6. Name and Address of Current Registered Agent
**PEEK, DAVID H
 5322 N PEARL STREET
 JACKSONVILLE, FL 32208**

7. Name and Address of New Registered Agent
 Name **SLAVKIN, STEVEN R., D.D.S.**
 Street Address (P.O. Box Number is Not Acceptable)
1830 WEST 45TH ST
SUITE 5
 City **JACKSONVILLE** FL Zip Code **32209**

4. FEI Number
59-3721451 Applied For
 Not Applicable

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

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  **STEVEN R. SLAVKIN, D.D.S.** DATE **4-7-04**

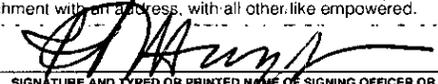
Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing: **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORRISON, WENDELL D.D.S. 5425 VERNA BLVD JACKSONVILLE, FL 32205 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SLAVKIN, STEVEN D.D.S. 5322 N PEARL STREET JACKSONVILLE, FL 32208 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SLAVKIN, STEVEN R., D.D.S. 1830 WEST 45TH ST, SUITE 5 JACKSONVILLE, FL 32209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FREEMAN, FREDIA 505 NORTHMAIN STREET JACKSONVILLE, FL 32202 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HAEUSSNER, TED 1409 KINGSLEY AVE BLDG 11 ORANGE PARK, FL 32073 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HAYLE, PATRICK 426 S MCDUFF AVE JACKSONVILLE, FL 32254 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  DATE **4/20/04** DAYTIME PHONE # **904-421-5141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICK HAYLE