

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUN -4 PM 1:15

DOCUMENT # N01000003829

1. Corporation Name

DENTISTS CARE OF JACKSONVILLE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 02-03

Principal Place of Business

1311 W 27 ST  
JACKSONVILLE FL 32209

Mailing Address

1311 W 27 ST  
JACKSONVILLE FL 32209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5322 NORTH PEARL ST

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/25/2001

5. FEI Number

59-3721451

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
BV	MORRISON, WENDELL D.D.S.	5425 VERNA BLVD	JACKSONVILLE FL 32205
D	SLAVKIN, STEVEN D.D.S.	<del>515 W 8 ST</del> 5322 NORTH PEARL ST.	JACKSONVILLE FL 32205 32208
D	<del>WOODS, GAYLE</del>	<del>3792 MONCRIEF RD</del>	<del>JACKSONVILLE FL 32209</del>
D S	BRADBERRY, BRUCE FREDIA FREEMAN	<del>515 W 8 ST</del> 505 NORTH MAIN ST	<del>JACKSONVILLE FL 32206</del> JACKSONVILLE, FL 32202
C	TED HAEUSSNER, DMD	1409 Kingsley Ave Bldg 11	ORANGE PL, FL 32073
T	PATRICK HAYLE	426 S. McDuff Ave	JACKSONVILLE, FL 32254

8. Name and Address of Current Registered Agent

PEEK, DAVID H  
1301 RIVERPLACE BLVD, STE 1609  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

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

5322 NORTH PEARL STREET

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

000020514490  
06/04/03--01035--014 \*\*236.25

Date

5/29/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/03

Date

387-4357

Daytime Phone #

CR2E040 (8/02)