

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90073 010 ***150.00

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1. Entity Name

AMELIA ISLAND CENTER FOR DENTAL WELLNESS, P.A.



Principal Place of Business

2750 JEAN LAFITTE DR
FERNANDINA BEACH FL 32034

Mailing Address

2750 JEAN LAFITTE DR
FERNANDINA BEACH FL 32034

2. Principal Place of Business

1894 S. 14th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

Fernandina Beach, FL

City & State

Zip

32034

Country

Country

4. FEI Number

01-0742412

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MERTZ, KENNETH A JR DMD
2750 JEAN LAFITTE DR
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MERTZ, KENNETH A JR DMD
STREET ADDRESS 2750 JEAN LAFITTE DR
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE D ☐ Delete
NAME HILL, BEVERLY
STREET ADDRESS 2750 JEAN LAFITTE DR
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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:

Kenneth A Mertz, Jr DMD

01/07/03

(904) 277-0895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)