

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathern  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000050125 (2)**

95 JAN 18 AM 8:20

1. Corporation Name  
**JOSEPH R. BOULTER DMD PA**

Principal Place of Business Mailing Address  
**8823 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217-4681**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/12/1993	03/18/1994
22. Subj. Act # etc		27. Subj. Act # etc		4. FEI Number	Applied For
23. City & State		28. City & State		56-1651730	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$0.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under 5-1990.32 Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>BOULTER, JOSEPH R 6383 N WHISPERING OAKS DR JACKSONVILLE FL 32211</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. State	FL
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature) (Print or printed name of registered agent and title if applicable)

(Signature) (Print or printed name of registered agent, corporation, or other authorized party)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULTER, JOSEPH R	2. NAME	
STREET ADDRESS	6383 NO WHISPERING OAKS DR	3. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily agreed and acknowledged and equally for the incorporation, situated in the State of Florida, Florida Statutes. I affirm and certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made by me. I am an officer or director of the corporation. The receipt or transfer is empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13A changed, or on an order to amend with my consent.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

*Joseph R. Boulter*

1-10-95

904-731-0432