DOCUMENT # P93000050125 1. Enlity Name JOSEPH R. BOULTER DMD PA						FILED Jan 11, 2001 8:00 am Secretary of State					
Principal Place of Business Mailing Address							01-11-200				
8823 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217-4661		8823 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217-4661									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			. 4.	4. FEI Number 56-1651730 Applied For Not Applicable					
Zip	Country	Zip	Cour	ntry	5.	. Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current F	 Registered Agent				Name and A	dress of New Re				
				Name							
1017	ilter, Joseph R '2 Bishop Lake RD. West Ksonville FL 32256			Street Address (P.O. Box Number is Not Acceptable)							
5/101	4	/	City		FL Zip Code						
Tax filing r	Sgrages typical planted note of registered agent and attention is eligible to satisfy its Intangible requirement and elects to do so. ia on back)	FILE NOW!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat			10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
11.	OFFICERS AND D		12.		A	ADDITIONS/CH	IANGES TO OFFI	-	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Boulter, Joseph R 10172 Bishop Lake RD. West Jacksonville Fl 32256	☐ Delete	•					L	Change	Addition	
TITLE NAME Street adoress City-St-Zip		☐ Delete					*		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						С] Change	☐ Addition	
TITLE Name Street adoress City-St-Zip		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						С] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							_ Change	Addition	
13. I hereby of indicated of the corporated,	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empore or on an attachment with an address, w	his filing does not qualify for true and accurate and that m vered to execute this report a th at other like empowered.	the exe y signa as requi	emption state ture shall ha ired by Char	ed in Section ive the same oter 607, Flo	n 119.07(3)(i), l e legal effect a prida Statutes; a	Florida Statutes. I s if made under o and that my name	further certify ath; that I am appears in E	that the in an officer Block 11 or	formation or director Block 12 if	

SIGNATURE: 4

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-731-0432 Daytime Phone #