# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 29, 2003**
**Secretary of State**

DOCUMENT# P94000001364

**Entity Name:** FAMILY AND COSMETIC DENTISTRY OF NORTH FLORIDA, P.A.

**Current Principal Place of Business:**

310 N. OHIO AVE.
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

310 N. OHIO AVE.
LIVE OAK, FL 32060

**New Mailing Address:**

8288 161ST RD
LIVE OAK, FL 32060

**FEI Number: 59-3225959** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAIG, JOHNTHAN P
310 N. OHIO AVE.
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

CRAIG, JOHNTHAN P
8288 161ST RD
LIVE OAK, FL 32060 US

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.

SIGNATURE: JOHN P. CRAIG 03/29/2003
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: CRAIG, JOHN P M.D.
Address: 310 N. OHIO AVENUE
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: CRAIG, JOHN P D.M.D.
Address: 8288 161ST RD
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. CRAIG D 03/29/2003
Electronic Signature of Signing Officer or Director Date