

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052312

FILED
Jan 07, 2008
Secretary of State

Entity Name: EDWARDS & CAVENDISH, P.A.

Current Principal Place of Business:

137 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

137 WEST ADAMS STREET
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3329457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS, ROBIN FORD DDS.
137 WEST ADAMS STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EDWARDS, ROBIN FORD DDS
Address: 137 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV () Delete
Name: CAVENDISH, MICHELE L DMD
Address: 137 W ADAMS ST
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBIN EDWARDS

DR.

01/07/2008

Electronic Signature of Signing Officer or Director

Date