

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90007 010 ***158.75

DOCUMENT # P96000013338

1. Entity Name
MARION C. ELDRIDGE, D.M.D., P.A.



Principal Place of Business
**12078 SAN JOSE BLVD
STE 3
JACKSONVILLE, FL 32223 US**

Mailing Address
**C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073**

40008667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3364886

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **X** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, DAVID A
C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK, FL 32073**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ELDRIDGE, MARION C**
STREET ADDRESS **12784 EDENBRIDGE CT**
CITY- ST- ZIP **JACKSONVILLE, FL 32223**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **12078 San Jose Blvd., Suite 3**
CITY- ST- ZIP **Jacksonville, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Eldridge, Kathleen E.**
CITY- ST- ZIP **12078 San Jose Blvd., Suite 3**
Jacksonville, FL 32223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **X** *Marion C. Eldridge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

9042606111

Daytime Phone #

Marion C. Eldridge, President