

DOCUMENT # P96000103944			
1. Entity Name FRANK M. GUPTON, D.D.S., P.A.			
Principal Place of Business 55 PHILLIPS AVE PONTE VEDRA BEACH FL 32082		Mailing Address 55 PHILLIPS AVE PONTE VEDRA BEACH FL 32082-2816	
2. Principal Place of Business 330 A1A N. Suite, Apt. #, etc. SUITE 326 City & State PONTE VEDRA BEACH, FL Zip 32082 Country USA		3. Mailing Address 330 A1A N. Suite, Apt. #, etc. SUITE 326 City & State PONTE VEDRA BEACH, FL Zip 32082 Country USA	
6. Name and Address of Current Registered Agent			
ANDERSON, BRUCE R 3500 S THIRD STREET JACKSONVILLE BEACH FL 32250			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTON, FRANK M 55 PHILLIPS AVE PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Frank M. Gupton FRANK M. GUPTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

SIGNATURE: Frank M. Gypow FRANK M. GYPLOW, DDS, PA. (CEO) 4-7-00 904-280-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)