

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90024 009 ***150.00

DOCUMENT # P96J00104333

1. Entity Name

JOSEPH M. BARTON, D.M.D., P.A.



Principal Place of Business

8850 GOODBY'S EXECUTIVE DR
SUITE B
JACKSONVILLE FL 32217

Mailing Address

8850 GOODBY'S EXECUTIVE DR
SUITE B
JACKSONVILLE FL 32217



2. Principal Place of Business

4152 Baymeadows Rd.
Suite, Apt. #, etc.

3. Mailing Address

4152 Baymeadows Rd.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3416687

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTON, JOSEPH M
8850 GOODBY'S EXECUTIVE DR
SUITE B
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name Barton, Joseph M.

Street Address (P.O. Box Number is Not Acceptable)

4152 Baymeadows Road

City

Jacksonville

FL

Zip Code

32217

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BARTON, JOSEPH M
STREET ADDRESS 8850 GOODBY'S EXECUTIVE DR STE B
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Barton, Joseph M.
STREET ADDRESS 4152 Baymeadows Road
CITY-ST-ZIP Jacksonville, FL 32217

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date

904733-9144

Daytime Phone #

ATTACHMENT

50058792
P96000 104333



July 27, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

On March 17, 2005, our office sent our 2005 For Profit Corporation Annual Report along with check #4322 in the amount of \$150.00. On July 11th we received a notice of intent to dissolve stating our report had never been received. I emailed you and was informed our report nor check was never shown as received. We have checked with our bank and the check has not cleared. Enclosed is a copy of the report and another check for \$150.00. We hope no late charges will be assessed since we were not aware you never received our original payment.

Please call if any problems.

Thank you,

Rhonda Gonzales
For Dr. Joseph Barton

904.733.9144 Tel
904.739.2304 Fax

4152
Baymeadows
Road

Jacksonville
Florida 32217

Center for
Aesthetic Dentistry
of Jacksonville

www.BartonSmiles.com