

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90142 018 ***150.00

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DOCUMENT # P97000033765

1. Entity Name
DAVID R. OLINZOCK, D.D.S., P.A.



Principal Place of Business
**12620-18 BEACH BLVD
JACKSONVILLE FL 32246
US**

Mailing Address
**12620-18 BEACH BLVD
JACKSONVILLE FL 32246
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-3450631**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ANDERSON, BRUCE R JR.
3500 SOUTH THIRD STREET, OCEAN SOUTH
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name **OLINZOCK, DAVID R**

Street Address (P.O. Box Number is Not Acceptable)
12620-18 BEACH BLVD

City **JACKSONVILLE** FL Zip Code **32246**

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 **OLINZOCK, DAVID R.** (NOTE: Registered Agent signature required when reinstating.) DATE **4/11/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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 | <input type="checkbox"/> Delete |
| NAME | OLINZOCK, DAVID R | |
| STREET ADDRESS | 455 20TH STREET | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | OLINZOCK, BARBARA | |
| STREET ADDRESS | 455 20TH STREET | |
| CITY-ST-ZIP | ATLANTIC BEACH FL 32233 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **OLINZOCK, DAVID R.** DATE: **4/11/03** DAYTIME PHONE #: **620-12404**

CR2E034 (10/02)