

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090269

FILED
May 04, 2008
Secretary of State

Entity Name: FLORIDA FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

27 N. FLORIDA PARK DR.
PALM COAST, FL 32137

New Principal Place of Business:

4 A OLD KINGS RD. N.
PALM COAST, FL 32137

Current Mailing Address:

27 N. FLORIDA PARK DR.
PALM COAST, FL 32137

New Mailing Address:

4 A OLD KINGS RD. N.
PALM COAST, FL 32137

FEI Number: 59-3471299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, GREGORY A
27 N FLORIDA PARK DR.
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

JOHNSTON, GREGORY A
4 A OLD KINGS RD. N.
PALM COAST, FL 32137 US

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:

05/04/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSTON, GREGORY A
Address: 27 N FLORIDA PARK DR.
City-St-Zip: PALM COAST, FL 32137

Title: ST () Delete
Name: JOHNSTON, MARGARET W
Address: 3423 N. OCEAN SHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: V () Delete
Name: MAGEE, JESSIE B
Address: 300 MARINA BAY DR, #205
City-St-Zip: FLAGLER BEACH, FL 32136

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSTON, GREGORY A
Address: 3423 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: T (X) Change () Addition
Name: JOHNSTON, MARGARET W
Address: 3423 N. OCEANSHORE BLVD.
City-St-Zip: FLAGLER BEACH, FL 32136

Title: V (X) Change () Addition
Name: MAGEE, JESSIE B
Address: 94 TROTTERS LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: S () Change (X) Addition
Name: RAY, TRAVIS E
Address: 600 CANOPY WALK LANE UNIT 622
City-St-Zip: PALM COAST, FL 32137

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: GREGORY A. JOHNSTON D.D.S.

P

05/04/2008

Electronic Signature of Signing Officer or Director

Date