

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90076 048 \*\*\*150.00

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**DOCUMENT # P97000090269**

1. Entity Name

FLORIDA PARK FAMILY DENTISTRY, P.A.



Principal Place of Business

27 N. FLORIDA PARK DR.  
PALM COAST FL 32137

Mailing Address

27 N. FLORIDA PARK DR.  
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471299

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

7. Name and Address of New Registered Agent

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

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME JOHNSTON, GREGORY A  
STREET ADDRESS 27 N FLORIDA PARK DR.  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☒ Change ☐ Addition  
NAME JOHNSTON, GREGORY A.  
STREET ADDRESS 27 N FLORIDA PARK DR.  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete  
NAME JOHNSTON, MARGARET W  
STREET ADDRESS 3423 N. OCEAN SHORE BLVD.  
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☒ Change ☐ Addition  
NAME S/T  
STREET ADDRESS JOHNSTON MARGARET W  
CITY-ST-ZIP 3423 N OCEANSHORE BLVD.  
FLAGLER BEACH, FLA. 32136

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME JESSIE BECH MAGEE  
STREET ADDRESS 300 MARINA BAY DR. #205  
CITY-ST-ZIP FLAGLER BEACH, FL 32136

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

386 445 1234

Daytime Phone #

CR2E034 (10/02)