

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104541

FILED
Mar 11, 2004
Secretary of State

Entity Name: ST. JOHNS FAMILY DENTISTRY, P.A.

Current Principal Place of Business:

2225 SR A1A S
STE 3
ST AUGUSTINE, FL 32080 US

New Principal Place of Business:

2225 SR A1A S
STE A3
ST AUGUSTINE, FL 32080 US

Current Mailing Address:

2225 SR A1A S
SUITE A3
SAINT AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 59-3485077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWIG, JEFFREY R
6620 SOUTHPOINT DR S, STE 200
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: HUCKE, RONALD D
Address: 2900 COASTAL HWY # 6
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: HUCKE, RONALD D
Address: 2306 WINDJAMMER LN.
City-St-Zip: SAINT AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD D. HUCKE

PRES

03/11/2004

Electronic Signature of Signing Officer or Director

_____ Date