2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# P97000104541

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HUCKE, RONALD D
Address: 2306 WINDJAMMER LN.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS (X) Delete
Name: HAEUSSNER, THEODORE D
Address: 2225 SR A1A SOUTH, SUITE A3
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: DT ( ) Delete
Name: HUCKE, MICHELLE D
Address: 2306 WINDJAMMER LN.
City-St-Zip: ST. AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD D. HUCKE DP 03/19/2006

Electronic Signature of Signing Officer or Director Date