

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P98000040122					
1. Entity Name NORTHSIDE DENTAL CARE, INC.					
Principal Place of Business 41 SARA DRIVE JACKSONVILLE, FL 32218			Mailing Address 41 SARA DRIVE JACKSONVILLE, FL 32218		
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 59-3509207	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAXTER, WILLIAM D 41 SARA DRIVE JACKSONVILLE, FL 32218			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000247352 03/01/05-80019-008 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAXTER, WILLIAM D 13176 WEXFORD HOLLOW DRIVE N. JACKSONVILLE, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>William D. Baxter</i>		2/27/05 904-751-4958			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			