


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P98000065979 1. Entity Name JULINGTON CREEK FAMILY DENTISTRY, P.A. |  |
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|--|--|
| Principal Place of Business 465 STATE RD 13 N STE #9 JACKSONVILLE FL 32259 | Mailing Address 465 STATE RD 13 N STE #9 JACKSONVILLE FL 32259 |
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|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 59-3522131 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | City & State | 6. Name and Address of Current Registered Agent | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/05)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent AMATRUDI, SUSAN L 1155 EASTWOOD BRANCH DRIVE JACKSONVILLE FL 32259 | 7. Name and Address of New Registered Agent Name _____ Street Address (P O Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____ |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 | D <input type="checkbox"/> Delete AMATRUDI, SUSAN L | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1155 EASTWOOD BRANCH DRIVE | NAME | |
| STREET ADDRESS | JACKSONVILLE FL 32259 | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | 1100000453992 03/14/06-80043-023 150.00 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Susan L Amatrudi* 2-27-06 9042302961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #