

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065979

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** JULINGTON CREEK FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

465 STATE RD 13 N  
STE #9  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

465 STATE RD 13 N  
STE #9  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 59-3522131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMATRUDI, SUSAN L  
1155 EASTWOOD BRANCH DRIVE  
JACKSONVILLE, FL 32259 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: PRES  
Name: AMATRUDI, SUSAN L  
Address: 1155 EASTWOOD BRANCH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: SUSAN L. AMATRUDI

PRES

04/12/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date