


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 024 ***158.75

DOCUMENT # P99000108558 1. Entity Name JONES DENTAL, INC.					
Principal Place of Business 279 SOUTH STATE RD 7 MARGATE FL 33068			Mailing Address 279 SOUTH STATE RD 7 MARGATE FL 33068		
2. Principal Place of Business 6300 W. ATLANTIC BLVD		3. Mailing Address 6300 WEST ATLANTIC BLVD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MARGATE, FLORIDA		City & State MARGATE, FLORIDA		4. FEI Number 65-0980524	
Zip 33063-5131		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, IAN C 279 SOUTH STATE RD 7 MARGATE FL 33068			7. Name and Address of New Registered Agent Name DR IAN C. JONES Street Address (P.O. Box Number is Not Acceptable) 6300 WEST ATLANTIC BLVD City MARGATE FL Zip Code 33063		
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 <u><i>IAN C. Jones</i></u> IAN C. Jones (PRESIDENT) 3/6/05 <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 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, IAN C 279 SOUTH STATE RD 7 MARGATE FL 33068	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>IAN C. Jones</i></u> IAN C.A. JONES (PRESIDENT) 3/6/05 9549569500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					