

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

0006723 AV

DOCUMENT # S16737

1. Entity Name
CENTER FOR RESEARCH AND TREATMENT OF TMJ, HEADACHES AND FACIAL PAIN, A PROFESSIONAL ASSOCIATION



Principal Place of Business
**7410 MERRILL RD
#2
JACKSONVILLE FL 32277-3711**

Mailing Address
**7410 MERRILL RD
#2
JACKSONVILLE FL 32277-3711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3041508**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAPER, STEPHEN W.
2303 SHIPWRECK DRIVE
JACKSONVILLE FL 32224**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **DRAPER, STEPHEN W.**
STREET ADDRESS **2303 SHIPWRECK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DRAPER, LANDRA C.**
STREET ADDRESS **2303 SHIPWRECK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03 (904) 745-5115
Date Daytime Phone #

CR2E034 (4/03)

Attachment
CENTER FOR RESEARCH & TREATMENT
OF TMJ, HEADACHES & FACIAL PAIN, P.A.

STEPHEN W. DRAPER, D.M.D.

7410 MERRILL ROAD
JACKSONVILLE, FLORIDA 32211

TELEPHONE (904) 745-5115

DIPLOMATE, AMERICAN ACADEMY
OF PAIN MANAGEMENT

FELLOW, INTERNATIONAL COLLEGE
OF CRANIO-MANDIBULAR ORTHOPEDICS

AMERICAN ACADEMY OF
GNATHOLOGIC ORTHOPEDICS

80140092
516737
AMERICAN ACADEMY & BOARD
OF HEAD, NECK, FACIAL PAIN &
TMJ ORTHOPEDICS, MEMBER

THE AMERICAN ASSOCIATION OF
FUNCTIONAL ORTHODONTICS

FELLOW, THE AMERICAN
ORTHODONTIC SOCIETY

August 11, 2003

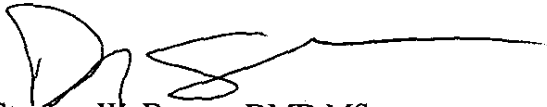
Florida Department of State
Post Office Box 1500
Tallahassee, Florida 32302-1500

Dear Sirs:

Enclosed you will find my Uniform Business Report along with a check in the amount of \$150.00. I am requesting that the \$400.00 late fee be waived, due to the fact that the 60 day notice is the first notice I have received.

If you have any questions please feel free to contact me. Thank you in advance.

Sincerely,


Stephen W. Draper, DMD, MS