

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 PM 12: 19

DOCUMENT # 612704 (7)
1. Corporation Name
RONALD J. SMITH, D.D.S., P.A.

Principal Place of Business Mailing Address
4400 MANATEE AVENUE, WEST BRADENTON FL 34209 4400 MANATEE AVENUE, WEST BRADENTON FL 34209

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6404 MANATEE AVENUE WEST	26	6404 MANATEE AVENUE WEST	03/05/1979	04/20/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 SUITE C		27 SUITE C		59-1898332	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 BRADENTON, FL		28 BRADENTON, FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
24 34209	25 MANATEE	29 34209	30 MANATEE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, RONALD J 4400 MANATEE AVE WEST BRADENTON FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	SUITE C		
				84	City	85	FL
				BRADENTON			34209

11. Pursuant to the provisions of Sections 607.0502 and 607.0505 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Ronald J. Smith* DATE: 1/26/95
Signature and printed name of registered agent or agent in charge. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	PDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RONALD J, DDS	1.2 NAME	SMITH, RONALD J, DDS
STREET ADDRESS	4400 MANATEE AVE., W.	1.3 STREET ADDRESS	6404 MANATEE AVE. W., SUITE C
CITY - ST - ZIP	BRADENTON, FL 00000	1.4 CITY - ST - ZIP	BRADENTON, FL 34209
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: *Ronald J. Smith* DATE: 1/26/95 (813) 798-3652
Signature and typed or printed name of signing officer or director Date Daytime Phone #