

2004 FOR PROFIT CORPORATION ANNUAL REPORT

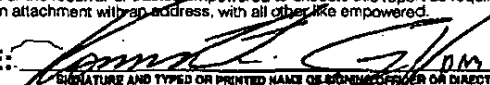
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Mar 03, 2004 8:00 am
Secretary of State

02-23-2004 90025 019 ***150.00

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01192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000015015					
1. Entity Name ALL SMILES DENTAL CENTER, P.A.					
Principal Place of Business 1147 S. EDGEWOOD AVENUE JACKSONVILLE, FL 32205			Mailing Address 7990 BAYMEADOWS ROAD E. #128 JACKSONVILLE, FL 32256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1149557	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSEMAN, MARQUINEZ, P.A. 6320 ST. AUGUSTINE ROAD BUILDING 12 JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent	
				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 \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	P SAYAF, KONSTANTINE 7990 BAYMEADOWS RD. E. #128 JACKSONVILLE, FL 32256	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			2-19-04 (904) 388-1421		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR			Date Daytime Phone #		