

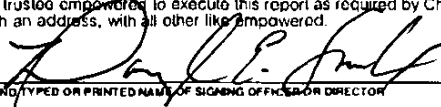
2007 FOR PROFIT CORPORATION ANNUAL REPORT (A-3)

FILED
Aug 28, 2007 8:00 am
Secretary of State

03-07-2007 90021 033 *****8.75
08-28-2007 90062 001 *1,100.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P04000059511 1. Entity Name DUVAL DENTAL & ASSOCIATES, INC.					
Principal Place of Business 376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218			Mailing Address 376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218		
2. Principal Place of Business - No P.O. Box # 376 NEW BERLIN RD		3. Mailing Address 376 New Berlin Rd			
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			
City & State JAX FL		City & State JAX		4. FEI Number 20-0969642	
Zip 32218		Country Duma		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGENIA J. WILLIAMS, P.A. ATTORNEY AT LAW 5732 NORMANDY BLVD. SUITE 9 JACKSONVILLE FL 32205		7. Name and Address of New Registered Agent Name DARYL R. SMITH, D.D.S. Street Address (P.O. Box Number is Not Acceptable) 376 New Berlin Rd; Suite 1 City JAX FL Zip Code 32218			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 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 NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, DARYL 376 NEW BERLIN ROAD JACKSONVILLE FL 32218	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, JESSICA 376 NEW BERLIN ROAD JACKSONVILLE FL 32218	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, WILLIAM 2378 SOUTHWEST MIRAMAR FL 33070	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 8/20/07 Phone 904 696 3736		