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

DOCUMENT.# P04000059511

1. Entity Name
DUVAL DENTAL & ASSOCIATES, INC.

66021560

Principal Place of Business	Mailing Address
376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218	376 NEW BERLIN ROAD SUITE 1 JACKSONVILLE FL 32218

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
376 NEW BERLIN RD	376 New Berlin Rd
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: JAX FL	City & State: JAX
Zip: 32218 Country: Duval	Zip: 32218 Country: Duval

4. FEI Number 20-0969642 ☐ 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
REGENIA J. WILLIAMS, P.A. ATTORNEY AT LAW 5732 NORMANDY BLVD. SUITE 9 JACKSONVILLE FL 32205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREEN, WILLIAM 2378 SOUTHWEST MIRAMAR FL 33070	☐ 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 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: Daryl R. Smith 8/20/07 904 696 3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #