

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 599080

FILED
Feb 23, 2006
Secretary of State

Entity Name: ROBERT J. SIMS, D.D.S., P.A.

Current Principal Place of Business:

7600 RED RD.
SUITE 116
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7600 RED RD.
SUITE 116
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-1889113 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FREEMAN, PAUL H, (ESQ)
9100 S. DADELAND BLVD, #1406
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: SIMS, JR., ROBERT J.,
Address: 7760 S.W. 167TH TERRACE
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: FREEMAN, PAUL H.,
Address: 9100 S DADELAND, #1406
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP (X) Change () Addition
Name: SIMS, JR., ROBERT J.,
Address: 7760 S.W. 167TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. SIMS, JR.

SP

02/23/2006

Electronic Signature of Signing Officer or Director

_____ Date