

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 600566

1. Entity Name
SMITH, NANTAI & SWIGGETT, M.D.S, P.A.



Principal Place of Business
**709 16TH STREET NORTH
SAINT PETERSBURG, FL 33705 US**

Mailing Address
**709 16TH STREET NORTH
SUITE 120
SAINT PETERSBURG, FL 33705 US**



03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1224060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, MICHAEL J
709 16TH STREET NORTH
SAINT PETERSBURG, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P&D
NAME	SMITH, MICHAEL J
STREET ADDRESS	1100 FRIENDLY WAY SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33705
TITLE	VTD
NAME	NANTAI, ROBERT P
STREET ADDRESS	1208 DARLINGTON OAK CIRCLE NE
CITY-ST-ZIP	ST PETERSBURG, FL 33703
TITLE	SEC
NAME	SWIGGETT, ROBERT L JR
STREET ADDRESS	131 BAY POINT DRIVE NORTHEAST
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Smith, M.D.S

Date

Daytime Phone #

727-550-4599

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