2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 600566

1. Entity Name

SMITH, NANTAIS & SWIGGETT, M.D.S, P.A.

Principal Place of Business	Mailing Address
709 16TH STREET NORTH SAINT PETERSBURG FL 33705 US	709 16TH STREET NORTH SUITE 120 SAINT PETERSBURG FL 33705 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1224060 Applied For / Not Applied

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
SMITH, MICHAEL J 709 16TH STREET NORTH SAINT PETERSBURG FL 33706	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 acc 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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSD ☐ Delete NAME SMITH, MICHAEL J STREET ADDRESS 1100 FRIENDLY WAY SOUTH CITY-ST-ZIP ST PETERSBURG FL 33705		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	U00000499895
TITLE VTD ☐ Delete NAME NANTAIS, ROBERT P STREET ADDRESS 1208 DARLINGTON OAK CIRCLE NE CITY-ST-ZIP ST PETERSBURG FL 33703		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	04/24/06-80047-015 100.00
TITLE SEC ☐ Delete NAME SWIGGETT, ROBERT L JR STREET ADDRESS 131 BAY POINT DRIVE NORTHEAST CITY-ST-ZIP ST. PETERSBURG FL 33704		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Add NAME STREET ADDRESS CITY-ST-ZIP	

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 informatic 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 direc 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 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: _____ 02-27-06 552-4899