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

1st MOORE CR2E034 (10/05)

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

4. FEI Number 59-1224060 ☐ Applied For ☐ Not Applical

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

7. Name and Address of New Registered Agent

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 acce 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SMITH, MICHAEL J 1100 FRIENDLY WAY SOUTH ST PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000499895
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NANTAIS, ROBERT P 1208 DARLINGTON OAK CIRCLE NE ST PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/24/06-80047-019 ☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SWIGGETT, ROBERT L JR 131 BAY POINT DRIVE NORTHEAST ST. PETERSBURG FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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

SIGNATURE: ______ 02-27-06 727 553-4599