2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J47554

1. Entity Name

DR. SMITH & ASSOCIATES, #6958, P.A.



Principal Place of Business

MIAMI, FL 33176 US

SIGNATURE:

13601 S. DIXIE HWY 7209 BRYAN DAIRY ROAD RS Mailing Address

541 64TH AVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ST PETERSBURG, FL 33706

FILED Feb 15, 2006 8:00 am **Secretary of State**

02-15-2006 90050 030 ***150.00



01262006

No Chg-P

CR2E034 (11/05)

4. FEI Number		Applied For
59-2749629		Not Applicable
	_	

\$8.75 Additional

Daytime Phone #

6. Name and Address of Current Registered Agent

SMITH, PAUL 541 64 AVE SAINT PETERSBURG, FL 33706

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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 Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD SMITH, PAUL 541 64TH AVE ST PETERSBURG, FL						
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TITLE 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental peport 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.							