

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J82682** (2)
 1. Corporation Name
PATRICK C. SMITH, D.D.S., P.A.



Principal Place of Business Mailing Address
% CHRISTOPHER H. COOK
218 DATURA ST.
W. PALM BEACH FL 33401

3. Date Incorporated or Qualified **07/10/1987** 3a. Date of Last Report **03/23/1995**
 4. FEI Number **59-2820844** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **13901 US Hwy #9** 26 **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **# 9** 27
 City & State City & State
 23 **Juno Beach FL** 28
 Zip Country Zip Country
 24 **33408** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
COOK, CHRISTOPHER H.
218 DATURA ST.
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
 81 Name **Patrick C. Smith**
 82 Street Address (P.O. Box Number is Not Acceptable) **13901 US Hwy One #9**
 83
 84 City **Juno Beach** 85 Zip Code **FL 33408**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Patrick C. Smith** 7-1-96
Signature of principal officer, director, or registered agent and date applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PVS	<input type="checkbox"/>
NAME	SMITH, PATRICK C.	
STREET ADDRESS	901 U.S. HIGHWAY 1 #9	
CITY-ST-ZIP	JUNO FL	
TITLE	TD	<input type="checkbox"/>
NAME	SMITH, PATRICK C.	
STREET ADDRESS	901 U.S. HIGHWAY 1 #9	
CITY-ST-ZIP	JUNO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	13901 US Hwy 1 #9		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	13901 US Hwy 1 #9		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7-1-96 5616449000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)