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1997 JUL 29 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J82682 (2)

1. Corporation Name
PATRICK C. SMITH, D.D.S., P.A.



Principal Place of Business 13901 US ONE 9 JUNO BEACH FL 33408 US	Mailing Address % CHRISTOPHER H. COOK 218 DADUGA ST. W. PALM BEACH FL 33401-5679 NO
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2. Principal Place of Business 21 13901 US One Suite, Apt. #, etc.	2a. Mailing Address 26 13901 US One Suite, Apt. #, etc.
22 City & State 23 JUNO BEACH FL	27 City & State 28 JUNO BEACH FL
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 07/10/1987	3a. Date of Last Report 07/08/1996
4. FEI Number 59-2820844	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SMITH, PATRICK
13901 US HWY ONE #9
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent **Connected**

81 Name SMITH, PATRICK
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 *Patrick C. Smith* **7-21-97** DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS SMITH, PATRICK C. 13901 US HWY 1 #9 JUNO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, PATRICK C. 13901 US HWY 1 #9 JUNO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500002256665-08
2.3 STREET ADDRESS	-08/04/97--01136--009
2.4 CITY-ST-ZIP	***165.00 ***165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)

Handwritten initials/signature

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Patrick C. Smith • DDS • P.A.

13901 U.S. HIGHWAY ONE • SUITE #9 • JUNO BEACH • FLORIDA • 33408
TELEPHONE (561) 694-9000 • FAX 694-9001

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Dear Sir/Ms.:

Enclosed please find my 1997 Corporation Annual Report. Last year, I changed my registered agent, and mailing address. I did not receive *any* 1997 correspondence from your office until today. It was forwarded by an unknown person at my old registered agents' address.

I called your office today and was instructed to file at the \$165.00 fee and this cover letter to your P.O. Box number. Please accept this package and file my report, updating all the incorrect information.

Thank you for your attention in this matter.

Sincerely yours,

Patrick C. Smith, D.D.S.