

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27082 (9)

1. Corporation Name

SMYRNA DENTAL-MEDICAL CENTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

115 SOUTH DIXIE HIGHWAY  
NEW SMYRNA BEACH FL 321681115 SOUTH DIXIE HIGHWAY  
NEW SMYRNA BEACH FL 32168-74733. Date Incorporated or Qualified  
06/22/19883a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Country

Country

24

29

Country

Country

Country

4. FEI Number  
65-0086158Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEFFIELD, ALTON G.  
912 S RIDGEWOOD AVE., SUITE C  
DAYTONA BCH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SHEFFIELD, ALTON G.  
STREET ADDRESS 1939 TAYLOR ROAD  
CITY-ST-ZIP DAYTONA BEACH FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VSD  
NAME DAVIS, JAMES R.  
STREET ADDRESS 444 QUAY ASSISSI  
CITY-ST-ZIP NEW SMYRNA BEACH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T  
NAME SHEFFIELD, ALTON G.  
STREET ADDRESS 1939 TAYLOR ROAD  
CITY-ST-ZIP DAYTONA BEACH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME DAVIS, LINDA R  
STREET ADDRESS 444 QUAY ASSISSI  
CITY-ST-ZIP NEW SMYRNA BEACH FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Alton G. Sheffield, INCORPORATED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-97

Date

(904) 252-4541

Daytime Phone 0003061

CR2E037 (9/96)