

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA 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 1115 SOUTH DIXIE HIGHWAY NEW SMYRNA BEACH FL 32168 | Mailing Address 1115 SOUTH DIXIE HIGHWAY NEW SMYRNA BEACH FL 32168 |
|--|--|

3. Date Incorporated or Qualified
06/22/1988

| | |
|-----------------------------|--|
| 4. FEI Number 65-0086158 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHEFFIELD, ALTON G. | |
| STREET ADDRESS | 1939 TAYLOR ROAD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | DAVIS, JAMES R. | |
| STREET ADDRESS | 444 QUAY ASSISSI | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | SHEFFIELD, ALTON G. | |
| STREET ADDRESS | 1939 TAYLOR ROAD | |
| CITY-ST-ZIP | DAYTONA BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIS, LINDA R | |
| STREET ADDRESS | 444 QUAY ASSISSI | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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, or on an appointment with an address.

SIGNATURE: Alton G. Sheffield, PD REQUIRED January 09, 1998 (904) 252-4541

CR2E037 (10/97)