

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90005 037 ****61.25

DOCUMENT # N27082

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

1939 Taylor Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Orange, FL 32128

Zip

Country

Zip

Country

32128

U.S.A.

4. FEI Number

65-0086158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SHEFFIELD, ALTON G. ☐ Delete
STREET ADDRESS 1939 TAYLOR ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD
NAME DAVIS, JAMES R. ☐ Delete
STREET ADDRESS 444 QUAY ASSISSI
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME SHEFFIELD, ALTON G. ☐ Delete
STREET ADDRESS 1939 TAYLOR ROAD
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SHEFFIELD, MARY G ☐ Delete
STREET ADDRESS 1939 TAYLOR ROAD
CITY-ST-ZIP DAYTONA BEACH FL 32124-6640

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Alton G. Sheffield / President

02-05-04 (386) 767-5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #