

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90121 007 \*\*\*\*61.25

**DOCUMENT #** N27082

**1. Entity Name**

SMYRNA DENTAL-MEDICAL CENTER ASSOCIATION  
INC.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1115 South Dixie Freeway

Suite, Apt. #, etc.

**3. Mailing Address**

1115 South Dixie Freeway

Suite, Apt. #, etc.

**City & State**

NEW SMYRNA BEACH, FL 32168

**City & State**

NEW SMYRNA BEACH, FL 32168

**Zip**

32168-7473

**Country**

VOLUSIA

**Zip**

32168-7473

**Country**

VOLUSIA

**4. FEI Number**

65-0086158

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

SHEFFIELD, ALTON G.

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

912 SOUTH RIDGEWOOD AVE. SUITE C.

**City**

DAYTONA BEACH,

**FL**

**Zip Code**

32114-5363

**DO NOT WRITE  
IN THIS SPACE**

**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**

**FEE IS \$61.25  
Initial or Amended UBR**

**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**

**TITLE** PD  
**NAME** SHEFFIELD, ALTON G.  
**STREET ADDRESS** 1939 TAYLOR ROAD  
**CITY-ST-ZIP** PORT ORANGE, FL 32128

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

**TITLE** IT  
**NAME** SHEFFIELD, ALTON G.  
**STREET ADDRESS** 1939 TAYLOR ROAD  
**CITY-ST-ZIP** PORT ORANGE, FL 32128-6640

**TITLE** D  
**NAME** SHEFFIELD, MARY G.  
**STREET ADDRESS** 1939 TAYLOR ROAD  
**CITY-ST-ZIP** PORT ORANGE, FL 32128-6640

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**CITY-ST-ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** ALTON G. SHEFFIELD, PRESIDENT

02-17-2002 (386) 252-4541

CR2E037B (12/02)