

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076128

FILED
Apr 15, 2008
Secretary of State

Entity Name: ELAINE S. MARTINEZ-SMITH, D.M.D., P.A.

Current Principal Place of Business:

1530 BUSINESS CTR DRIVE
SUITE #1
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

1530 BUSINESS CTR. DR.
SUITE # 1
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 59-3667099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WATSON, TODD ESQ
7785 BAYMEADOWS WAY SUITE 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MARTINEZ-SMITH, ELAINE S DMD
Address: 3671 ST. ANDREWS COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MARTINEZ, ELAINE S DMD
Address: 1629 FAIRWAY RIDGE DR.
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE S. MARTINEZ DMD

DR.

04/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date