

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010175

FILED
Apr 06, 2005
Secretary of State

Entity Name: MICHAEL R. SMITH, D.M.D., P.A.

Current Principal Place of Business:

1530 BUSINESS CENTER DR
STE 1
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

3671 ST ANDREWS COURT
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

1530 BUSINESS CENTER DR
STE 1
ORANGE PARK, FL 32003

New Mailing Address:

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

FEI Number: 65-3695405

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: D () Delete
Name: SMITH, MICHAEL R
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: SMITH, MICHAEL R DMD
Address: 3671 ST ANDREWS COURT
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL R. SMITH, DMD PA

DR.

04/06/2005

Electronic Signature of Signing Officer or Director

Date