

2007


~~2006~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 07, 2007 8:00 am  
Secretary of State

04-20-2007 90078 003 \*\*\*150.00

DOCUMENT # P01000014511

1. Entity Name  
MARIA V. SMITH D.M.D., P.A.



Principal Place of Business      Mailing Address

11030 NORTH KENDALL DR, STE 202      11030 NORTH KENDALL DR, STE 202  
MIAMI, FL 33176      MIAMI, FL 33176



01042006    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-1075195                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SMITH, MARIA V DMD  
11030 NORTH KENDALL DR, STE 202  
MIAMI, FL 33176

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PST<br>SMITH, MARIA V DMD<br>11030 NORTH KENDALL DR, STE 202<br>MIAMI, FL 33176 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Maria V Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07 (305) 412-7202  
Date      Office Phone #