

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121006

FILED
Feb 12, 2012
Secretary of State

Entity Name: DONALD L. SMITHA, DDS, MDS, P.A.

Current Principal Place of Business:

812 ALDERMAN RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

812 ALDERMAN RD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 01-0566566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITHA, DONALD L DDS,MDS
812 ALDERMAN RD.
JACKSONVILLE, FL 32211 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

OFFICERS AND DIRECTORS:

Title: DR.
Name: SMITHA, DONALD L DDS,MDS
Address: 5456 BRIGHTWATER LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MRS.
Name: SMITHA, MARILYN L RN
Address: 5456 BRIGHTWATER LN
City-St-Zip: JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

SIGNATURE: DONALD L. SMITHA

DR.

02/12/2012

Electronic Signature of Signing Officer or Director

Date