

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000009366 1. Entity Name SCOTT F. KENWARD, D.M.D., P.A.					
Principal Place of Business C/O MARC H. AUERBACH, ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131			Mailing Address C/O MARC H. AUERBACH, ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 27-0000602	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ 201 S. BISCAYNE BLVD., 20TH FL MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City State FL Zip Code	
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 reappointing) Signature, typed or printed name of registered agent and title if applicable.					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENWARD, SCOTT DMD 12651 S. DIXIE HIGHWAY #400 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000501815 ☐ Change ☐ Addition 04/25/06-80077-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Scott F. Kenward</i> SCOTT F. KENWARD, DMD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-7-06 305-255-7722 Date Daytime Phone #		