


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90037 043 ***150.00

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
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50002041



2. Principal Place of Business - No P.O. Box # 300 S. Biscayne Blvd. Suite, Apt. #, etc. Suite # 3900 City & State	3. Mailing Address 300 S. Biscayne Blvd. Suite, Apt. #, etc. Suite # 3900 City & State
Zip	Country

02122008 Chg-P CR2E034 (12/06)

4. FEI Number 27-0000602	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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) 300 S Biscayne Blvd. Suite # 3900 City FL Zip Code
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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 Marc Auerbach (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Scott F. Kenward, DMD 2-21-08 305-255-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #