

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000024241

1. Entity Name  
MEDICAL ARTS LABORATORY OF NEW SMYRNA  
BEACH, INC.



Principal Place of Business  
257 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

Mailing Address  
257 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

FILED  
Apr 22, 2005 08:00 AM  
Secretary of State



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
01-0633908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, DOUGLAS G  
6455 ENGRAM ROAD  
NEW SMYRNA BEACH, FL 32169

DO NOT WRITE  
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENTLEY, DOUGLAS G  
STREET ADDRESS 6455 ENGRAM ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VD  
NAME BENTLEY, JACQUELINE M  
STREET ADDRESS 6455 ENGRAM ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000322687  
04/22/05-80024-004 150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS G BENTLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 386-428-5745  
Date Daytime Phone #