

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059511

FILED  
Jul 29, 2008  
Secretary of State

Entity Name: DUVAL DENTAL & ASSOCIATES, INC.

## Current Principal Place of Business:

376 NEW BERLIN ROAD  
STE 1  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

## Current Mailing Address:

376 NEW BERLIN ROAD  
SUITE 1  
JACKSONVILLE, FL 32218

## New Mailing Address:

FEI Number: 20-0969642      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH9Y, DARYL E D.D.S.  
376 NEW BERLIN ROAD  
SUITE 1  
JACKSONVILLE, FL 32218 US

## Name and Address of New Registered Agent:

SMITH, DARYL E D.D.S.  
376 NEW BERLIN ROAD  
SUITE 1  
JACKSONVILLE, FL 32218 US

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: DARYL E. SMITH D.D.S.

07/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, DARYL  
Address: 376 NEW BERLIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: SMITH, JESSICA  
Address: 376 NEW BERLIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: GREEN, WILLIAM  
Address: 2378 SOUTHWEST  
City-St-Zip: MIRAMAR, FL 33079

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DARYL E. SMITH D.D.S.

P

07/29/2008

Electronic Signature of Signing Officer or Director

Date