2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000058448

1. Entity Name
SHIRLEY F. SIMMONDS, D.M.D., P.A.

Principal Place of Business	Mailing Address
9000 S W 152 ST	9000 S W 152 ST
208	208
MIAMI, FL 33157 US	MIAMI, FL 33157 US

DO NOT WRITE IN THIS SPACE

04182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0431590	Not Applicable

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

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6. Name and Address of Current Registered Agent

SIMMONDS, SHIRLEY F
9000 S W 152 ST
#208
MIAMI, FL 33157

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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
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, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DR
NAME	SIMMONDS, SHIRLEY F
STREET ADDRESS	9000 SW 152 ST #208
CITY-ST-ZIP	MIAMI, FL 33157

U00000736831
05/11/07-80003-020 150.00

TITLE	
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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: LEARY MULLINGS 4/24/07 -954 862 2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #