

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000069381

1. Entity Name
SMITHS' DENTAL ASSOCIATES, P.A.



Principal Place of Business
1190 W. EDGEWOOD AVENUE
SUITE B
JACKSONVILLE, FL 32208

Mailing Address
1190 W. EDGEWOOD AVENUE
SUITE B
JACKSONVILLE, FL 32208



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3258521

☐ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SMITH, DARYL E
1190 W. EDGEWOOD AVENUE
SUITE B
JACKSONVILLE, FL 32208

**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 *Daryl E Smith*

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000111428
04/13/04-80016-021 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, DARYL E
STREET ADDRESS 1190 W EDGEWOOD AVE SUITE B
CITY - ST - ZIP JACKSONVILLE, FL 32208

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daryl E Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #