


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000085884 1. Entity Name SMILECARE DENTAL ASSOCIATES, P.A.	
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Principal Place of Business 9000 GOLFSIDE DR. JACKSONVILLE, FL 32256	Mailing Address 9000 GOLFSIDE DR. JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3215587	Applied For <input type="checkbox"/> 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 HOLBROOK, H. LEON ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, JOHN R D.D.S 6504 ARLINGTON RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODWARD, W. RICHARD D.D.S. 6504 ARLINGTON ROAD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, SHARON 6504 ARLINGTON RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, SUZANNE W 6504 ARLINGTON RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>---U00000362253 05/05/05-80107-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u>Suzanne W. Lee, Inc.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	5-1-05 (904) 367-1722 <small>Date Daytime Phone #</small>
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