

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085884

FILED  
May 01, 2006  
Secretary of State

Entity Name: SMILECARE DENTAL ASSOCIATES, P.A.

## Current Principal Place of Business:

9000 GOLFSIDE DR.  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

9000 GOLFSIDE DR.  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 59-3215587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLBROOK, H. LEON  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

MARKS GRAY, P.A.  
1200 RIVERPLACE BLVD.  
SUITE 800  
JACKSONVILLE, FL 32207 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: NICHOLAS V. PUGLINANO

05/01/2006

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: VD ( ) Delete  
Name: KELLEY, JOHN R D.D.S  
Address: 6504 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL

Title: PD ( ) Delete  
Name: WOODWARD, W. RICHARD D.D.S.  
Address: 6504 ARLINGTON ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: D (X) Delete  
Name: CLARK, SHARON  
Address: 6504 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL

Title: S ( ) Delete  
Name: LEE, SUZANNE W  
Address: 6504 ARLINGTON RD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: KELLEY, JOHN R D.D.S  
Address: 9000 GOLFSIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD (X) Change ( ) Addition  
Name: WOODWARD, W. RICHARD D.D.S.  
Address: 9000 GOLFSIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: S (X) Change ( ) Addition  
Name: LEE, SUZANNE W  
Address: 9000 GOLFSIDE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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: SUZANNE W. LEE

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date