



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90047 006 ***150.00

| | | | |
|---|--|--|--|
| DOCUMENT # P95000000037 1. Entity Name BRADFORD P. SMITH, DMD., MS., P.A. | |  | |
| Principal Place of Business 777 37TH STREET STE. D-107 VERO BEACH FL 32960 | | Mailing Address 777 37TH STREET STE. D-107 VERO BEACH FL 32960 | |
| 2. Principal Place of Business 1710 36th ST Suite, Apt. #, etc. B1D6 B | 3. Mailing Address 1710 36th ST Suite, Apt. #, etc. B1D6 B |  | |
| City & State VERO BEACH FL | City & State VERO BEACH FL | | |
| Zip 32960 | Zip 32960 | | |
| 4. FEI Number 65-0542058 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GOODMAN, KENNETH D 3838 TAMiami TR N STE 300 NAPLES FL 34103-3590 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP DPTS SMITH, BRADFORD P 777 37TH STREET STE. D-107 VERO BEACH FL 32960 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 1710 36th ST B1D6 B VERO BEACH FL 32960 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #