2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000067949

1. Entity Name
GORDON J. SMITH, D.D.S., P.A.

Principal Place of Business	Mailing Address
1250 SOUTH FEDERAL HIGHWAY #101 BOYNTON BEACH, FL 33435	1250 SOUTH FEDERAL HIGHWAY #101 BOYNTON BEACH, FL 33435

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0692530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, GORDON J D.D.S.
1250 SOUTH FEDERAL HWY
#101
BOYNTON BEACH, FL 33435

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: This is confusing - the Registered agent will stay the same as above 1-30-08
Signature, typed or printed name of registered agent, and date (if applicable). (NOTE: Registered Agent's signature required when changed.)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000817813
02/15/08-80010-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, GORDON J D.D.S.
STREET ADDRESS	1250 S FEDERAL HIGHWAY, STE 101
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: DDS 561 732 9727 1-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #