

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077896

**FILED**  
**Jun 19, 2007**  
**Secretary of State**

**Entity Name:** SIGNATURE SMILES, D.D.S., P.A.

**Current Principal Place of Business:**

510 N. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

7955 DAWSONS CREEK DRIVE  
JACKSONVILLE, FL 32222 US

**Current Mailing Address:**

510 N. ADAMS STREET  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

7955 DAWSONS CREEK DRIVE  
JACKSONVILLE, FL 32222 US

**FEI Number:** 59-3402732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVENPORT, JENNY N DR.  
423 SHANTILLY TERRACE  
TALLAHASSEE, FL 32312 US

**Name and Address of New Registered Agent:**

DAVENPORT, JENNY N DR.  
7955 DAWSONS CREEK DRIVE  
JACKSONVILLE, FL 32222 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: \_\_\_\_\_

Electronic Signature of Registered Agent

06/19/2007

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: PDST ( ) Delete  
Name: DAVENPORT, JENNY N DR.  
Address: 510 N. ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDST (X) Change ( ) Addition  
Name: DAVENPORT, JENNY N DR.  
Address: 7955 DAWSONS CREEK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify 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: DR. JENNY N. DAVENPORT

PDST

06/19/2007

Electronic Signature of Signing Officer or Director

Date