

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S10132

FILED
Jan 13, 2009
Secretary of State

Entity Name: R. GREGORY SMITH, M.D., D.D.S., P.A.

Current Principal Place of Business:

150 PROFESSIONAL DR
STE 100
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

150 PROFESSIONAL DR
STE 100
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

150 PROFESSIONAL DR
STE 100
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

150 PROFESSIONAL DR
STE 100
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-3047519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEIMAN, THOMAS C JR
9471 BAYMEADOWS RD
STE 308
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, R. GREGORY,
Address: 150 PROFESSIONAL DR, STE 150
City-St-Zip: PONTE VEDRA BCH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: SMITH, R. GREGORY,
Address: 150 PROFESSIONAL DR, STE 100
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: R. GREGORY SMITH, MD

DR.

01/13/2009

Electronic Signature of Signing Officer or Director

Date