


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 039 ***150.00

| | |
|---|---|
| DOCUMENT # V42744 1. Entity Name PATRICK S. SIMPSON, D.D.S., P.A. |  |
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|--|--|
| Principal Place of Business 12777 ATLANTIC BLVD STE 26 JACKSONVILLE, FL 32225 US | Mailing Address 12777 ATLANTIC BLVD STE 26 JACKSONVILLE, FL 32225 US |
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 59-3129476 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**SIMPSON, PATRICK S DDS PA
12777 ATLANTIC BLVD
STE 26
JACKSONVILLE, FL 32225**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DR SIMPSON, PATRICK S 12777 ATLANTIC BLVD STE 26 JACKSONVILLE, FL 32225 |
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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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #