2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V44144

1. Entity Name
SANDRA MILLER-SHERIFF, D.M.D., P.A.

Principal Place of Business	Mailing Address
7900 NW 33RD ST. MIRAMAR, FL 33023	7900 NW 33RD ST. MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0349660	Not Applicable

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

6. Name and Address of Current Registered Agent

CRIMARCO, GEORGE
HOLLAND & KNIGHT
1200 BRICKELL AVE.
MIAMI, FL 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE
U00000209926
02/02/05-80059-007 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER-SHERIFF, SANDRA
STREET ADDRESS	7959 MIRAMAR PARKWAY
CITY-ST-ZIP	MIRAMAR, FL

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Sandra Miller-Sheriff_ SANDRA MILLER-SHERIFF /3/05 954 K31-1869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   Daytime Phone #