

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90068 037 ***150.00

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1. Entity Name

SANDRA MILLER-SHERIFF, D.M.D., P.A.



Principal Place of Business

7900 NW 33RD ST. #106
MIRAMAR, FL 33023-33024
Davie

Mailing Address

7900 NW 33RD ST. #106
MIRAMAR, FL 33023-33024
Davie

40052264



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0349660

Applied For

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER-SHERIFF, SANDRA 7959 MIRAMAR PARKWAY MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 954431-1869
Date Daytime Phone #