2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

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Entity Name: ALL SMILES DENTAL CENTER, P.A.

Current Principal Place of Business:

1147 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

1147 S. EDGEWOOD AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 57-1149557 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, MARQUINEZ, P.A.
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: MGRM
Name: SAYAF, KONSTANTINE
Address: 321LOMBARDY LOOP NORTH
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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 all other like empowered.

SIGNATURE: KONSTANTINE SAYAF DMD MGRM 04/12/2012

Electronic Signature of Signing Officer or Director — Date