2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 8:00 am Secretary of State

DOCUMENT # P04000173191 1. Entity Name IMAGINE ORTHODONTICS, INC.						03-31-20	08 90012 025 ***1	50.00
Principal Place of Business Mailing Address								
5000 SAWGR	ASS VILLAGE CIRCLE STE 28 A Beach, FL 32082	5000 SAWGRASS VILLAGE CIRCLE STE 28 PONTE VEDRA BEACH, FL 32082			·.			
					1 I I I I			
Principal Place of Business - No P.O. Box # Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03262008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 20-2154			plied For ot Applicable	
Zip	Country	Zip	Count		5. Certificate of	of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent			•		7. Name and /	Address of New	Registered Agent	
LEGIED MITCHELLIN				Name				
LEGLER, MITCHELL W 300A WHARFSIDE WAY JACKSONVILLE, FL 32207				Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
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 sittle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.					\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	S IN 11
TITLE	D	Delete TITI		l			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				EF ADDRESS - ST-ZIP				
ITLE	☐ Detele 111		TITLE				☐ Change	Addition
NAME	NAJ		NAM	I			•	
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip				
TITLE							[7 AL.	■ ************************************
NAME		☐ Uelete	TITLE NAMI	!			Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY - ST- ZIP			CITY	-S1-ZIP				
IITLE			TITLE				Change	Addition
NAME COREL ADDRESS	NAM CTD			I				
STREET ADDRESS : CITY - ST - ZIP				ET ADDRESS -ST-ZIP				
TITLE	Delete 151L						[] Change	☐ Addition
NAME			NAM	ł			_ s.a.ngs	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				· ST- ZIP				
TITLE NAME		Delete	HALE	l			Change	Addition
STREET ADDRESS			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
12. I hereby o	certify that the information supplied with	this filing does not quality	for the exe	emptions contai	ined in Chapter 119,	Florida Statutes.	. I further certify that the in	nformation

2. I hereby certify that the information supplied with this filling does not quality 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: Marc Fracial
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/08

904-567-1408