

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173191

Entity Name: IMAGINE ORTHODONTICS, INC.

FILED
Apr 26, 2011
Secretary of State

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE STE 3
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE STE 3
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2154434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 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: D
Name: LAZZARA, GASPER DDS
Address: 5000 SAWGRASS VILLAGE CIRCLE STE 3
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GASPER LAZZARA

DR.

04/26/2011

Electronic Signature of Signing Officer or Director

Date