2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2011
Secretary of State

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Entity Name: BRIGHTER SMILES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

11512 CITRUS COVE COURT
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11512 CITRUS COVE COURT
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 83-0415420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ALISIA
1190 W EDGEWOOD AVE STE B
JACKSONVILLE, FL 32208 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: SMITH, ALISIA LG
Address: 11512 CITRUS COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D
Name: SMITH, IVAN J
Address: 11512 CITRUS COVE COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: O
Name: GIBSON, JESSIE
Address: 1601 AVENUE M
City-St-Zip: FORT PIERCE, FL 34950

Title: O
Name: GIBSON, HOSELY
Address: 1601 AVENUE M
City-St-Zip: FORT PIERCE, FL 34950

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: ALISIA SMITH D 01/23/2011

Electronic Signature of Signing Officer or Director Date