

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010565

**Entity Name:** MILES OF SMILES FOUNDATION, INC.**Current Principal Place of Business:**19810 GOTTARDE RD  
N. FORT MYERS, FL 33917**Current Mailing Address:**5821 SUNNYSIDE LANE  
FORT MYERS, FL 33919**FEI Number:** 26-1325868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANIEL, DOXIE K  
5821 SUNNYSIDE LANE  
FT. MYERS, FL 33919 US*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOXIE, DANIEL K  
Address        5821 SUNNYSIDE LANE  
City-State-Zip: FORT MYERS FL 33919

Title            CLINICAL DIRECTOR  
Name            DOXIE, GAIL A  
Address        5821 SUNNYSIDE LANE  
City-State-Zip: FORT MYERS FL 33919

Title            OFFICER  
Name            IRWIN, CRAIG N  
Address        756 CYPRESS GREEN CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title            OFFICER  
Name            BRIGHT, LESLIE J  
Address        6816 AUTUMN CT  
City-State-Zip: NORTH FORT MYERS FL 33903

Title            OFFICER  
Name            FITZGERALD, KELLY D  
Address        2 S OSCEOLA AVE  
City-State-Zip: ORLANDO FL 32801

Title            OFFICER  
Name            BEASLEY, RYAN  
Address        16150 RAVINA WAY  
City-State-Zip: NAPLES FL 34110

Title            OFFICER  
Name            INGRAM, CHARLES  
Address        13205 HAMPTON PARK CT  
City-State-Zip: FORT MYERS FL 33913

Title            OFFICER  
Name            HARRIS BARTER, MARION  
Address        4969 ESTERO BLVD  
City-State-Zip: FORT MYERS BEACH FL 33931

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIEL DOXIE****PRESIDENT****03/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date