

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004217

Entity Name: A SMILE FOR THE SOLE, INC.**Current Principal Place of Business:**15303 AMBERLY DRIVE
SUITE E
TAMPA, FL 33647-2308**Current Mailing Address:**15303 AMBERLY DRIVE
SUITE E
TAMPA, FL 33647-2308**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GASSMAN, ALAN SESQUIRE
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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 D
Name FARINA, LISSETTE
Address 15303 AMBERLY DRIVE, SUITE E
City-State-Zip: TAMPA FL 33647-2308Title D
Name RODRIGUEZ-GARRIDO, JOSE M
Address 15303 AMBERLY DRIVE, SUITE E
City-State-Zip: TAMPA FL 33647-2308Title D
Name RODRIGUEZ, MARIANGEL
Address 15303 AMBERLY DRIVE, SUITE E
City-State-Zip: TAMPA FL 33647-2308Title D
Name FARINA, MARK SD.M.D.
Address 15303 AMBERLY DRIVE, SUITE E
City-State-Zip: TAMPA FL 33647-2308Title D
Name MARTINEZ, MARIA
Address 15303 AMBERLY DRIVE, SUITE E
City-State-Zip: TAMPA FL 33647-2308Title DIRECTOR
Name FARINA, SERGIO A
Address 15303 AMBERLY DRIVE
SUITE E
City-State-Zip: TAMPA FL 33647-2308

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: LISSETTE FARINA**DIRECTOR****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date