

**2015 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

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC4363877798**

**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 33647-2308

Title D  
Name FARINA, MARK SD.M.D.  
Address 15303 AMBERLY DRIVE, SUITE E  
City-State-Zip: TAMPA FL 33647-2308

Title D  
Name RODRIGUEZ-GARRIDO, JOSE M  
Address 15303 AMBERLY DRIVE, SUITE E  
City-State-Zip: TAMPA FL 33647-2308

Title D  
Name MARTINEZ, MARIA  
Address 15303 AMBERLY DRIVE, SUITE E  
City-State-Zip: TAMPA FL 33647-2308

Title D  
Name RODRIGUEZ, MARIANGEL  
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**

**01/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date