

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003434

**Entity Name:** HERO SMILES INC.

**Current Principal Place of Business:**

8800 BERNWOOD PARKWAY SUITE 4  
SUITE 4  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

8800 BERNWOOD PARKWAY SUITE 4  
BONITA SPRINGS, FL 34135

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PUGH, JODY D  
8800 BERNWOOD PARKWAY SUITE 4  
BONITA SPRINGS, FL 34135 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 PUGH, JODY D  
Address 8800 BERNWOOD PARKWAY SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name PUGH, MELANIE  
Address 8800 BERNWOOD PARKWAY SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name PUGH, JACKIE D  
Address 8800 BERNWOOD PARKWAY SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** JODY PUGH

PRESIDENT

05/09/2013

Electronic Signature of Signing Officer/Director Detail

Date