

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000011577

Entity Name: SMILE CARE CORP

Current Principal Place of Business:

7055 BLANDING BLVD.
440563
JACKSONVILLE, FL 32222

Current Mailing Address:

153 ADAMS ST
NEW BEDFORD, MA 02746 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, VALENTINA
7055 BLANDING BLVD.
440563
JACKSONVILLE, FL 32222 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 DIR
Name MARTINEZ, VALENTINE
Address 7550 WALDEN CT
City-State-Zip: JACKSONVILLE FL 32244

Title DIR
Name RIVERA, SYLVIA
Address 7550 WALDEN CT
City-State-Zip: JACKSONVILLE FL 32244

Title DIR
Name CARMEN, BONITA
Address 12088 NOGOYA ST
City-State-Zip: JACKSONVILLE FL 32256

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: MARTINEZ VALENTINE

EXECUTIVE DIRECTOR

03/25/2023

Electronic Signature of Signing Officer/Director Detail

Date