2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2019
Secretary of State
1952806965CC

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Entity Name: IMAGINE ORTHODONTICS, INC.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE CIRCLE STE 3
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

5000 SAWGRASS VILLAGE CIRCLE STE 3
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-2154434

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOUSEY, CLAY B III
FISHER, TOUSEY, LEAS & BALL
501 RIVERSIDE AVENUE SUITE 600
JACKSONVILLE, FL 32202 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: CLAY B TOUSEY 02/19/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	LAZZARA, GASPER DDS
Address	5000 SAWGRASS VILLAGE CIRCLE STE 3
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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

SIGNATURE: GASPER LAZZARA D 02/19/2019

Electronic Signature of Signing Officer/Director Detail — Date