

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000321

Entity Name: A SMILE RESORT, P.A.

Current Principal Place of Business:

3676 CROWN POINT COURT
JACKSONVILLE, FL 32557

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

FEI Number: 20-4010895

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE, FL 32256 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 DPST
Name ZIMMERMAN, ROD D.D.S.
Address 3676 CROWN POINT COURT
City-State-Zip: JACKSONVILLE FL 32557

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: ROD ZIMMERMAN DDS

P

03/15/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date