2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2013
Secretary of State
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Entity Name: BRIGHTER SMILES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

12397 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218

Current Mailing Address:

12397 WEEPING BRANCH CIRCLE
JACKSONVILLE, FL 32218

FEI Number: 83-0415420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, ALISIA
1190 W EDGEWOOD AVE STE B
JACKSONVILLE, FL 32208 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	Title	D
Name	SMITH, ALISIA LG	Name	SMITH, IVAN J
Address	12397 WEEPING BRANCH CIRCLE	Address	12397 WEEPING BRANCH CIRCLE
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	O	Title	O
Name	GIBSON, JESSIE	Name	GIBSON, HOSELY
Address	1601 AVENUE M	Address	1601 AVENUE M
City-State-Zip:	FORT PIERCE FL 34950	City-State-Zip:	FORT PIERCE FL 34950

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: ALISIA LG SMITH REGISTERED AGENT 04/24/2013

Electronic Signature of Signing Officer/Director Detail — Date