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: DR. GINA COZZARELLI

302 NW 179TH AVENUE

201A PEMBROKE PINES, FL 33029

Current Mailing Address:

302 NW 179TH AVENUE 201A PEMBROKE PINES, FL 33029

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ROSELL, JESSICA 175 SW 7TH STREET 2011 MIAMI, FL 33130 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	: JESSICA ROSELL			03/25/2013
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	OFFICER	
Name	COZZARELLI, GINA DR.	Name	ROSELL, JESSICA	
Address	302 NW 179TH AVENUE 201A	Address	302 NW 179TH AVENUE 201A	
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PEMBROKE PINES FL 33029	

Certificate of Status Desired: Yes

Electronic Signature of Signing Officer/Director Detail

FILED Mar 25, 2013 Secretary of State CC1654453403

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000086241

Entity Name: ORTHOSMILES, P.A.

Current Principal Place of Business:

PRESIDENT

03/25/2013 Date