

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000055255

**Entity Name:** ISMILE DENTISTRY, PA

**Current Principal Place of Business:**

8130 W WATERS AVENUE  
200B  
TAMPA, FL 33615

**Current Mailing Address:**

8130 W WATERS AVENUE  
200B  
TAMPA, FL 33615

**FEI Number:** 47-1203855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUGO, FRANCIS  
8130 W WATERS AVE  
200B  
TAMPA, FL 33615 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  
Name LUGO, FRANCIS  
Address 8130 W WATERS AVE STE 200B  
City-State-Zip: TAMPA FL 33615

Title D  
Name LOUIS, SALWAN  
Address 8130 W WATERS AVE STE 200B  
City-State-Zip: TAMPA FL 33615

*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:** FRANCIS LUGO

D

04/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date