Electronic Signature of Signing Officer/Director Detail

### 2016 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

# 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

Officer/Director Detail :				
Title	D	Title	D	
Name	LUGO, FRANCIS	Name	LOUIS, SALWAN	
Address	8130 W WATERS AVE STE 200B	Address	8130 W WATERS AVE STE 200B	
City-State-Zip:	TAMPA FL 33615	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.

IS LUGO	
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PRESIDENT

04/30/2016

Date

FILED Apr 30, 2016 Secretary of State CC9241000829

Certificate of Status Desired: No

Date