LOUIS, SALWAN 3419 W. SAN LUIS ST. TAMPA, FL 33629 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	: SALWAN LOUIS			01/17/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	D	Title	D	
Name	LUGO, FRANCIS	Name	LOUIS, SALWAN	
Address	3419 W. SAN LUIS ST.	Address	3419 W. SAN LUIS ST.	
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629	

Current Mailing Address:

Entity Name: ISMILE DENTISTRY, PA

Current Principal Place of Business:

9800 N. 56TH ST TAMPA FL 33617 US

9800 N. 56TH ST TAMPA, FL 33617

FEI Number: 47-1203855

Name and Address of Current Registered Agent:

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: SALWAN LOUIS

PRESIDENT

01/17/2020 Date

Electronic Signature of Signing Officer/Director Detail

FILED Jan 17, 2020

Certificate of Status Desired: No

Secretary of State 7802370909CC

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