2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000519

Entity Name: SMILE BRANDS EAST, INC.

FILED Feb 18, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O MONARCH DENTAL CORPORATION TOLLWAY PL

15950 NORTH DALLAS PARKWAY, #825

DALLAS, TX 75248 US

8105 IRVINE CENTER DRIVE SUITE 1500

US

IRVINE, CA 92618 US

Current Mailing Address: New Mailing Address:

C/O SMILE BRANDS INC., ATTN: LORI DUTTON 8105 IRVINE CENTER DRIVE 201 E. SANDPOINTE. SUITE 800 SUITE 1500

201 E. SANDPOINTE, SUITE 800 SUITE 1500 SANTA ANA, CA 92707 US IRVINE, CA 92618

FEI Number: 23-2818443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P. D

Name: BILT, STEVEN C

Address: 8105 IRVINE CENTER DRIVE SUITE 1500

City-St-Zip: IRVINE, CA 92618 US

Title: T, D

Name: SCHMIDT, BRADLEY E

Address: 8105 IRVINE CENTER DRIVE SUITE 1500

City-St-Zip: IRVINE, CA 92618 US

Title: S

Name: CROWLEY, NEAL A

Address: 8105 IRVINE CENTER DRIVE SUITE 1500

City-St-Zip: IRVINE, CA 92618 US

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: NEAL A CROWLEY S 02/18/2011