2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 21, 2009
Secretary of State

DOCUMENT# N08000004217

Entity Name: A SMILE FOR THE SOLE, INC.

Current Principal Place of Business:

15303 AMBERLY DRIVE
SUITE E
TAMPA, FL 336472308

New Principal Place of Business:

Current Mailing Address:

15303 AMBERLY DRIVE
SUITE E
TAMPA, FL 336472308

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQUIRE
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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: D ( ) Delete
Name: FARINA, LISSETTE
Address: 15303 AMBERLY DRIVE, SUITE E
City-St-Zip: TAMPA, FL 336472308

Title: D ( ) Delete
Name: FARINA, MARK S D.M.D.
Address: 15303 AMBERLY DRIVE, SUITE E
City-St-Zip: TAMPA, FL 336472308

Title: D ( ) Delete
Name: RODRIGUEZ-GARRIDO, JOSE M
Address: 15303 AMBERLY DRIVE, SUITE E
City-St-Zip: TAMPA, FL 336472308

Title: D ( ) Delete
Name: MARTINEZ, MARIA
Address: 15303 AMBERLY DRIVE, SUITE E
City-St-Zip: TAMPA, FL 336472308

Title: D ( ) Delete
Name: RODRIGUEZ, MARIANGEL
Address: 15303 AMBERLY DRIVE, SUITE E
City-St-Zip: TAMPA, FL 336472308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSETTE FARINA DIR 09/21/2009
Electronic Signature of Signing Officer or Director — Date