2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# P01000118980

Entity Name: FAMILY SMILE DENTISTY, P.A.

Current Principal Place of Business:

8780 SR 70 E 101
BRADNETON, FL 34202

New Principal Place of Business:

Current Mailing Address:

8780 SR 70 E 101
300
BRADNETON, FL 34202

New Mailing Address:

FEI Number: 01-0551213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOROUGHI, FARHAD
9812 SWEETWATER AVE
BRADNETON, FL 34202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOROUGHI, FARHAD
Address: 9812 SWEETWATER AVE
City-St-Zip: BRADNETON, FL 34202

Title: TS ( ) Delete
Name: JARQUIN, DORA
Address: 9812 SWEETWATER AVE
City-St-Zip: BRADNETON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FARHAD FOROUGHI P 03/11/2009

Electronic Signature of Signing Officer or Director Date