

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000005379

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: EMERALD COAST SMILES BY DESIGN, P.A.

## Current Principal Place of Business:

3927 CREIGHTON RD.  
PENSACOLA, FL 32504

## New Principal Place of Business:

## Current Mailing Address:

3927 CREIGHTON RD.  
PENSACOLA, FL 32504

## New Mailing Address:

FEI Number: 30-0033993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLYNN, STEPHANIE S  
3927 CREIGHTON ROAD  
PENSACOLA, FL 32504 US

## Name and Address of New Registered Agent:

TILLEY, STEPHANIE F DMD  
3927 CREIGHTON ROAD  
PENSACOLA, FL 32504 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: STEPHANIE FLYNN TILLEY, DMD

02/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TILLEY STEPHANIE, FLYNN D.M.D  
Address: 3927 CREIGHTON RD.  
City-St-Zip: PENSACOLA, FL 32504

Title: DVP ( ) Delete  
Name: TILLEY, SHAY M  
Address: 3927 CREIGHTON RD.  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: TILLEY, STEPHANIE F D.M.D  
Address: 3927 CREIGHTON RD.  
City-St-Zip: PENSACOLA, FL 32504

Title: DVP (X) Change ( ) Addition  
Name: TILLEY, MICHAEL S DMD  
Address: 3927 CREIGHTON RD.  
City-St-Zip: PENSACOLA, FL 32504

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: MICHAEL SHAY TILLEY, DMD

DVP

02/22/2008

Electronic Signature of Signing Officer or Director

Date