

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140133

FILED
Jan 19, 2010
Secretary of State

Entity Name: OTTLEY SMILES DENTAL CENTER, P.A.

Current Principal Place of Business:

8117 NAVARRE PKWY.
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8117 NAVARRE PKWY.
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 20-0524023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTLEY, JARED
8117 NAVARRE PKWY.
NAVARRE, FL 32566 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: PRES
Name: OTTLEY, JARED
Address: 8117 NAVARRE PKWY.
City-St-Zip: NAVARRE, FL 32566 US

Title: ST
Name: OTTLEY, KARINA
Address: 8117 NAVARRE PKWY.
City-St-Zip: NAVARRE, FL 32566 US

Title: VP
Name: OTTLEY, JONATHAN
Address: 8117 NAVARRE PKWY.
City-St-Zip: NAVARRE, FL 32566 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: KARINA OTTLEY

ST

01/19/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date