

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000140133

**FILED**  
**Jan 11, 2011**  
**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

**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: JARED OTTLEY

PRES

01/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date