2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# P04000059932

Entity Name: ALL SMILES DENTISTRY, INC.

Current Principal Place of Business:

499 NW PRIMA VISTA BLVD
#107
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

499 NW PRIMA VISTA BLVD
#107
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 20-1048326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANKIN, SEAN R
499 NW PRIMA VISTA BLVD
#107
PORT ST LUCIE, FL 34983 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: DR
Name: RANKIN, SEAN
Address: 499 NW PRIMA VISTA BLVD
City-St-Zip: PORT ST LUCIE, FL 34983

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: SEAN RANKIN DR 02/15/2011

Electronic Signature of Signing Officer or Director — Date