

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081199

Entity Name: PEDIATRIC SMILES, INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

2262 DUNN AVE STE 4
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 26701
JACKSONVILLE, FL 32226

New Mailing Address:

P. O. BOX 26948
JACKSONVILLE, FL 32226

FEI Number: 20-1005924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALL, TANYA C
1124 VICTORY LAKE DRIVE
JACKSONVILLE, FL 32221 US

Name and Address of New Registered Agent:

WALL, TANYA C
1124 VICTORY LAKE DRIVE
JACKSONVILLE, FL 32221 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:

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALL, TANYA C
Address: P. O. BOX 26701
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD () Delete
Name: SUGGS, STACI M
Address: P. O. BOX 26701
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WALL, TANYA C
Address: P. O. BOX 26948
City-St-Zip: JACKSONVILLE, FL 32226

Title: VD (X) Change () Addition
Name: SUGGS, STACI M
Address: P. O. BOX 26948
City-St-Zip: JACKSONVILLE, FL 32226

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: TANYA C WALL

DDS

06/16/2009

Electronic Signature of Signing Officer or Director

Date