

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161504

FILED
Jan 26, 2009
Secretary of State

Entity Name: PALM SMILES ORTHODONTICS, PA

Current Principal Place of Business:

3472 FOREST HILL BLVD.
1
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

616 CLEARWATER PARK ROAD
909
WEST PALM BEACH, FL 33401

New Mailing Address:

2980 W. MILKY WAY CT.
GREEN BAY, WI 54313

FEI Number: 03-0551203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PT () Delete
Name: DAVILA, JULIAN E
Address: 616 CLEARWATER PARK ROAD, APT# 909
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: DAVILA, RACHELLE R
Address: 616 CLEARWATER PARK ROAD, APT# 909
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: DAVILA, JULIAN E
Address: 2980 W. MILKY WAY CT.
City-St-Zip: GREEN BAY, WI 54313

Title: S (X) Change () Addition
Name: DAVILA, RACHELLE R
Address: 2980 W. MILKY WAY CT.
City-St-Zip: GREEN BAY, WI 54313

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: JULIAN E. DAVILA

PT

01/26/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date