FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000075688

1. Entity Name
BEAUTIFUL SMILES OF THE VILLAGES, P.A.

Principal Place of Business	Mailing Address
8301 COUNTY ROAD 44, LEG A LEESBURG, FL 34788	8301 COUNTY ROAD 44, LEG A LEESBURG, FL 34788

DO NOT WRITE IN THIS SPACE

04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2907834
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ILKKA, DON J DDS
8301 COUNTY ROAD 44, LEG A
LEESBURG, FL 34788

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000944131
05/29/08-80085-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ILKKA, DON J DDS
STREET ADDRESS	8301 COUNTY ROAD 44, LEG A
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	D
NAME	ROZENSKY, RICHARD W DDS
STREET ADDRESS	8792 SE 165TH MULBERRY LN.
CITY-ST-ZIP	THE VILLAGES, FL 32162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an additional like empowered.

SIGNATURE: _____ 4/30/08 352/753-0754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #