

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004547

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: ALL SMILES ORTHODONTICS, P.A.

## Current Principal Place of Business:

5124 SE HORSESHOE POINT ROAD  
STUART, FL 34997 US

## New Principal Place of Business:

900 SE OCEAN BLVD.  
216B  
STUART, FL 34994 US

## Current Mailing Address:

5124 SE HORSESHOE POINT ROAD  
STUART, FL 34997 US

## New Mailing Address:

900 SE OCEAN BLVD.  
216B  
STUART, FL 34994 US

FEI Number: 20-4100112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWER, REBECA E  
5124 SE HORSESHOE POINT ROAD  
STUART, FL 34997 US

## Name and Address of New Registered Agent:

POWER, REBECA E  
900 SE OCEAN BLVD.  
216B  
STUART, FL 34994 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: REBECA POWER

02/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POWER, REBECA E  
Address: 5124 SE HORSESHOE POINT ROAD  
City-St-Zip: STUART, FL 34997 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POWER, REBECA E  
Address: 900 SE OCEAN BLVD. STE. 216B  
City-St-Zip: STUART, FL 34994 US

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: REBECA POWER

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date