

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039908

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** JACKSONVILLE SMILE CENTER, P.A.

**Current Principal Place of Business:**

14054 BEACH BLVD.  
SUITE 10  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**New Mailing Address:**

14054 BEACH BLVD.  
SUITE 10  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

13799 DEER CHASE PLACE  
JACKSONVILLE, FL 32224

FEI Number: 20-4525090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARMUR, RAFAL T  
13799 DEER CHASE PLACE  
JACKSONVILLE, FL 32224 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: DMD  
Name: MARMUR, RAFAL T  
Address: 13799 DEER CHASE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: MARMUR, BARBARA G  
Address: 13799 DEER CHASE PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

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: RAFAL T. MARMUR

CEO

04/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date