

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072411

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALL SMILES FAMILY DENTAL, P.A.

Current Principal Place of Business:

1140 ROCK SPRINGS RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

5041 HAWKS HAMMOCK WAY
SANFORD, FL 32771

New Mailing Address:

1140 ROCK SPRINGS RD
APOPKA, FL 32712

FEI Number: 20-8123968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 336372087 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: D () Delete
Name: BAILEY, DEBBIE-ANN N
Address: 5041 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBBIE-ANN N. BAILEY

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date