

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093397

FILED  
May 16, 2010  
Secretary of State

Entity Name: SMILE4ME DENTAL CENTER, INC.

## Current Principal Place of Business:

1012 E. HWY #50  
CLERMONT, FL 34711

## New Principal Place of Business:

## Current Mailing Address:

1012 E. HWY #50  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 57-1240220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MICKELSON, DEBORAH  
1012 E. HWY. #50  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

JERRELLS, DEBORAH  
1012 E. HWY. #50  
CLERMONT, FL 34711 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: DEBORAH MARIE JERRELLS

05/16/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: JERRELLS, DEBORAH  
Address: 1012 E HWY #50  
City-St-Zip: CLERMONT, FL 34711

Title: VP  
Name: JERRELLS, RALPH G  
Address: 1012 E. HWY #50  
City-St-Zip: CLERMONT, FL 34711

Title: 2VP  
Name: SCHLEUGER, DANIEL P  
Address: 1012 E HIGHWAY 50  
City-St-Zip: CLERMONT, FL 34711

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: DEBORAH MARIE JERRELLS

P

05/16/2010

Electronic Signature of Signing Officer or Director

Date