

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000113312

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** HEALTHY SMILES DENTAL, INC.

**Current Principal Place of Business:**

38180 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

38029 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**Current Mailing Address:**

38180 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**New Mailing Address:**

38029 MEDICAL CENTER AVE  
ZEPHYRHILLS, FL 33540

**FEI Number:** 65-1290117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UDDIN, FIROZ  
10006-KINGSHYRE WAY  
TAMPA, FL 33647 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:** DR.  
**Name:** UDDIN, TAHIR F DMD  
**Address:** 27627 PLEASURE RIDE LOOP  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** TAHIR UDDIN

DR.

02/16/2010

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

\_\_\_\_\_  
Date