

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000026398

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** SMILES AT CITRUS AND 5TH, P.A.

**Current Principal Place of Business:**

535 CITRUS AVENUE  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

535 CITRUS AVENUE  
CRYSTAL RIVER, FL 34428 US

**New Mailing Address:**

**FEI Number:** 20-8546754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EKSTRAND, DEBBIE  
535 CITRUS AVENUE  
CRYSTAL RIVER, FL 34428 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** EKSTRAND, PERRY DR.  
**Address:** 535 CITRUS AVENUE  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

**Title:** ST  
**Name:** EKSTRAND, DEBBIE  
**Address:** 535 CITRUS AVENUE  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

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 EKSTRAND

SEC

01/13/2011

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

\_\_\_\_\_  
Date