# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2010**
**Secretary of State**

DOCUMENT# P08000021455

**Entity Name:** MY SMILE DENTISTRY, INC.

**Current Principal Place of Business:**

846 S OSPREY AVE.
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

443 MEADOW LARK DR.
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number: 26-2069936** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

RUSSELL, KRISTINA D D.M.D
443 MEADOW LARK DR.
SARASOTA, FL 34236 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: PRES
Name: RUSSELL, KRISTINA D D.M.D
Address: 443 MEADOW LARK DR.
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: KRISTINA, RUSSELL D DMD
Address: 440 MEADOW LARK DR.
City-St-Zip: SARASOTA, FL 34236 US

Title: DIR
Name: RICHARD, JOHN C
Address: 443 MEADOW LARK DR
City-St-Zip: SARASOTA, FL 34236

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: KRISTINA RUSSELL PRES 01/19/2010

Electronic Signature of Signing Officer or Director Date