2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2011
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:

846 S OSPREY AVE.
SARASOTA, FL 34236 US

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:

RUSSELL, KRISTINA D D.M.D
846 S OSPREY AVE
SARASOTA, FL 34236 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: KRISTINA RUSSELL 01/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: RUSSELL, KRISTINA D D.M.D
Address: 846 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34236

Title: VP
Name: KRISTINA, RUSSELL D DMD
Address: 846 S OSPREY AVE
City-St-Zip: SARASOTA, FL 34236 US

Title: DIR
Name: RICHARD, JOHN C
Address: 846 S OSPREY AVE
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 01/29/2011
Electronic Signature of Signing Officer or Director Date