## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000028823

Entity Name: ADVANCED SMILE INSTITUTE, P.A.

FILED Jan 06, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1863 SW CAPRI ST. 1850 SW FOUNTAINVIEW BLVD PALM CITY, FL 34990 US

SUITE 101

PORT ST. LUCIE, FL 34986

**Current Mailing Address: New Mailing Address:** 

1863 SW CAPRI ST.

PALM CITY, FL 34990 US

FEI Number: 27-0150507 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BDB AGENT CO. 5355 TOWN CENTER ROAD SUITE 900 BOCA RATON, FL 33486 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DPST

LENS, ROBERT E Name: 1863 SW CAPRI ST. Address: City-St-Zip: PALM CITY, FL 34990 US

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: ROBERT LENS **DPST** 01/06/2011