

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000013442

**FILED**  
**Aug 29, 2012**  
**Secretary of State**

**Entity Name:** SMILE DESIGNS AT AGAPE FAMILY DENTISTRY, P.A.

**Current Principal Place of Business:**

7505 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Principal Place of Business:**

8750 PERIMETER PARK BLVD  
STE 101  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

7505 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

8750 PERIMETER PARK BLVD  
STE 101  
JACKSONVILLE, FL 32216 US

FEI Number: 27-1941355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GERRY, CHARLOTTE Y  
7505 ARLINGTON EXPRESSWAY  
JACKSONVILLE, FL 32211 US

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

GERRY, CHARLOTTE Y  
8750 PERIMETER PARK BLVD  
STE 101  
JACKSONVILLE, FL 32216 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: CHARLOTTE GERRY

08/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: GERRY, CHARLOTTE Y  
Address: 8750 PERIMETER PARK BLVD, STE 101  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: S, T  
Name: GERRY, CHARLOTTE Y  
Address: 8750 PERIMETER PARK BLVD, STE 101  
City-St-Zip: JACKSONVILLE, FL 32216 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: CHARLOTTE GERRY

P,D

08/29/2012

Electronic Signature of Signing Officer or Director

Date