# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**Secretary of State**

DOCUMENT# P10000064032

**Entity Name:** ALL SMILES DENTAL ARTS, INC.

**Current Principal Place of Business:**

873 HULL ROAD
UNIT #7
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

873 HULL ROAD
UNIT #7
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number: 27-3264357** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JOHN S. NORTON, JR. P.A.
431 N GRANDVIEW AVE
DAYTONA BEACH, FL 32118 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: O'BRIEN, LEONARD J
Address: 6030 WINNING WOODS TRL.
City-St-Zip: DELEON SPRINGS, FL 32130

Title: ST
Name: O'BRIEN, MELISSA M
Address: 6030 WINNING WOODS TRL.
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VP
Name: O'BRIEN, DANIEL L
Address: 755 ESPANOLA AVE LOT 47
City-St-Zip: ORMOND BEACH, FL 32174

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: MELISSA M. O'BRIEN ST 04/30/2012

Electronic Signature of Signing Officer or Director Date