2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# P11000082007

Entity Name: FAMILY SMILES PONTE VEDRA PA

Current Principal Place of Business:

1515 BUSINESS CENTER DR
SUITE 1
FLEMING ISLAND, FL 32003 US

New Principal Place of Business:

151 SAWGRASS CORNERS DR
SUITE 102
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

1515 BUSINESS CENTER DR
SUITE 1
FLEMING ISLAND, FL 32003 US

New Mailing Address:

151 SAWGRASS CORNERS DR
SUITE 102
PONTE VEDRA BEACH, FL 32082 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAPP, STEPHANIE N
1515 BUSINESS CENTER DR
SUITE 1
FLEMING ISLAND, FL 32003 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: MAPP, STEPHANIE N
Address: 1515 BUSINESS CENTER DR SUITE 1
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: VP
Name: SCARLETT, GARY T
Address: 1515 BUSINESS CENTER DR SUITE 1
City-St-Zip: FLEMING ISLAND, FL 32003

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: STEPHANIE MAPP P 04/30/2012

Electronic Signature of Signing Officer or Director Date