

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000085884

FILED
Apr 08, 2010
Secretary of State

Entity Name: SMILECARE DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

9000 GOLFSIDE DR.
SUITE B
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9000 GOLFSIDE DR.
SUITE B
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3215587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS GRAY, P.A.
1200 RIVERPLACE BLVD.
SUITE 800
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

WOODWARD, WYMAN R D.D.S.
9000 GOLFSIDE DRIVE
JACKSONVILLE, FL 32256 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: WYMAN R WOODWARD, D.D.S.

04/08/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD
Name: KELLEY, JOHN R DDS
Address: 9000 GOLFSIDE DRIVE SUITE B
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD
Name: WOODWARD, W. RICHARD D.D.S.
Address: 9000 GOLFSIDE DRIVE SUITE B
City-St-Zip: JACKSONVILLE, FL 32256

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: WYMAN R WOODWARD, D.D.S.

CEO

04/08/2010

Electronic Signature of Signing Officer or Director

Date