

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000042068

FILED  
May 11, 2010  
Secretary of State

**Entity Name:** CALLIS ORTHODONTIC SERVICES, INC.

**Current Principal Place of Business:**

1101 SUN CENTURY RD  
UNIT G  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SUN CENTURY RD  
UNIT G  
NAPLES, FL 34110 US

**New Mailing Address:**

**FEI Number:** 65-0662473      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CALLIS, ANDREW L  
9943 BOCA CIR  
NAPLES, FL 34109 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DO  
Name: CALLIS, ANDREW L  
Address: 11101 SUN CENTURY RD, UNIT G  
City-St-Zip: NAPLES, FL 34110

Title: O  
Name: CALLIS, LINDA  
Address: 1101 SUN CENTURY RD, UNIT G  
City-St-Zip: NAPLES, FL 34110

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: LINDA S CALLIS

O

05/11/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date