2008 FOR PROFIT © ORPORATION ANNUAL REPORT

FILED Feb 07, 2008 08:00 Al Secretary of State

| ANNUAL REPORT | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| DOCUMENT # P9600 1. Entity Name SMILE SPECIALISTS ORTHOR | | | | | | | | |
| Principal Place of Business 217 EAST 23RD STREET PANAMA CITY, FL 32405 | Mailing Address 217 EAST 23RD STREET PANAMA CITY, FL 32405 | | | | | | | |
| | | | | | | | | |

| PANAMA CIT | 3RD STREET Y, FL 32405 | 217 EAST 23RD STREET PANAMA CITY, FL 32405 | | | | | |
|--|---|--|--------------------------|--|-----------------------|---------------------------|-----------|
| DO NOT WRITE IN THIS SPACE | | | CE | 01182008 No Chg-P CR2E034 (11/05) 4. FEI Number | | | |
| | 6. Name and Address of Current Re | gistered Agent | | ! | | | |
| | IOE M 23RD STREET CITY, FL 32405 | | | | NOT W HIS SP | — | |
| | named entity submits this statement for the ions of registered agent. | ne purpose of changing its registere | I. ed office or regis | stered agent, or both, | , in the State of Flo | | nd accept |
| JOHN ONE | Signature, typed or printed name of registered agent and | title if applicable (NOTE; Registere | d Agent signature requ | ired when reinstating) | • | DATE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | 5.00 May Be dded to Fees | | | |
| 10. | OFFICERS AND DI | RECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLER, JOE M 217 EAST 23RD STREET PANAMA CITY, FL 32405 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ٠ | 000000 02/15/08- | 1818515 180046-019 150 | .00 |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | , | | DO I | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | HIS SF | PACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | pertify that the information supplied with the | | | | | | |

12. I nereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if rnade 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-5-08

(850)785-1571

Daytime Phone