

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000085291

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

**Entity Name:** SMILE SPECIALISTS ORTHODONTICS, P.A.

**Current Principal Place of Business:**

217 EAST 23RD STREET  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

217 EAST 23RD STREET  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 59-3408510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLER, JOE M  
217 EAST 23RD STREET  
PANAMA CITY, FL 32405 US

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

PRINE, JODI M  
217 EAST 23RD STREET  
PANAMA CITY, FL 32405 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: JODI PRINE

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PRINE, JODI M  
Address: 217 EAST 23RD STREET  
City-St-Zip: PANAMA CITY, FL 32405

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: JODI PRINE

D

04/30/2012

Electronic Signature of Signing Officer or Director

Date