

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000073814

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SMILES BY JIVEH, P.A.

**Current Principal Place of Business:**

11989 SOUTHERN BLV  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

11989 SOUTHERN BOULEVARD  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 65-0777198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JIVEH, FAROKH  
2212 RIDGEWOOD CIRCLE  
ROYAL PALM BEACH, FL 33411 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: PSTD  
Name: JIVEH, FAROKH DDS  
Address: 2212 RIDGEWOOD CIRCLE  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: FAROKH JIVEH, DDS

PSTD

04/26/2011

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

\_\_\_\_\_  
Date