## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102276

Entity Name: THE SMILE CENTRE, P.A.

FILED Mar 23, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PALM AIRE PLAZA SUITE 105
5899 WHITFIELD AVENUE
5ARASOTA, FL 34243

PALM AIRE PLAZA SUITE 105
5899 WHITFIELD AVENUE
SARASOTA, FL 34243

SARASOTA, FL 34243

US

Current Mailing Address: New Mailing Address:

PALM AIRE PLAZA SUITE 105
5899 WHITFIELD AVENUE
SARASOTA, FL 34243

PALM AIRE PLAZA SUITE 105
5899 WHITFIELD AVENUE
SARASOTA, FL 34243

US

FEI Number: 65-0880350 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OLSON, PAUL E MCCUTCHEON, ROBERT B 1776 RINGLING BLVD 5510 OAK GROVE CT. SARASOTA, FL 34236 US SARASOTA, FL 34233 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: ROBERT B. MCCUTCHEON 03/23/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: STANLEY, RICHARD A DMD Address: 5899 WHITFIELD AVE 105 City-St-Zip: SARASOTA, FL 34243 US

Title: VP

 Name:
 STANLEY, TRICIA L

 Address:
 5899 WHITFIELD AVE 105

 City-St-Zip:
 SARASOTA, FL 34243 US

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: RICHARD A. STANLEY, D.M.D.

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03/23/2010