**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**
**Nov 01, 2018**
**Secretary of State**
**CC6442620782**

DOCUMENT# N99000001655

**Entity Name:** LITTLE SMILES, INC.

**Current Principal Place of Business:**

3569 91ST STREET NORTH
SUITE 4
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

3569 91ST STREET NORTH
SUITE 4
PALM BEACH GARDENS, FL 33403 US

**FEI Number: 65-0963754**

**Certificate of Status Desired:** No

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

DONOHUE, PAUL L JR
2043 NORTH PALM CIRCLE
NORTH PALM BEACH, FL 33408 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PRESIDENT | Title | SECRETARY |
| Name | LUBECK, GEORGE III | Name | SCHWAB, THOMAS |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 | Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | DIRECTOR | Title | VP |
| Name | DONOHUE, PAUL L | Name | SINICKI, VIRGINIA |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 | Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | FRATER, TIM | Name | DONOVAN, MICHAEL |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 | Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | PALM BEACH GARDENS FL 33403 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | BRAND, SAMANTHA | Name | KYLE, MARGI |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 | Address | 17748 KINGS POINT DRIVE |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 | City-State-Zip: | CORNELIUS NC 28031 |

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: GEORGE LUBECK PRESIDENT 11/01/2018

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | TREASURER |
| Name | MURPHY, BRIAN |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MARTYAK, JUDY |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SOMMA, JERRY |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |

| | |
|---|---|
| Title | EXECUTIVE DIRECTOR |
| Name | GROSSMAYER, NICOLE |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KELLEY, CRAIG |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | COLVIN, ROBIN |
| Address | 3569 91ST STREET NORTH<br>SUITE 4 |
| City-State-Zip: | PALM BEACH GARDENS FL 33403 |