

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:** Yes**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
Name	LUBECK, GEORGE III
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	SECRETARY
Name	SCHWAB, THOMAS
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	DIRECTOR
Name	DONOHUE, PAUL L
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	VP
Name	SINICKI, VIRGINIA
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	DIRECTOR
Name	FRATER, TIM
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	DIRECTOR
Name	DONOVAN, MICHAEL
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	DIRECTOR
Name	BRAND, SAMANTHA
Address	3569 91ST STREET NORTH SUITE 4
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	DIRECTOR
Name	KYLE, MARGI
Address	17748 KINGS POINT DRIVE
City-State-Zip:	CORNELIUS NC 28031

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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: LUBECK , GEORGE III**PRESIDENT****01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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