

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000140133

**FILED**  
**Jan 14, 2014**  
**Secretary of State**  
**CC1487099307**

**Entity Name:** OTTLEY SMILES DENTAL CENTER, P.A.

**Current Principal Place of Business:**

8117 NAVARRE PKWY.  
NAVARRE, FL 32566

**Current Mailing Address:**

8117 NAVARRE PKWY.  
NAVARRE, FL 32566 US

**FEI Number:** 20-0524023

**Certificate of Status Desired:** No

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

OTTLEY, JARED  
8117 NAVARRE PKWY.  
NAVARRE, FL 32566 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            PRES  
Name            OTTLEY, JARED  
Address        8117 NAVARRE PKWY.  
City-State-Zip: NAVARRE FL 32566

Title            ST  
Name            OTTLEY, KARINA  
Address        8117 NAVARRE PKWY.  
City-State-Zip: NAVARRE FL 32566

Title            VP  
Name            OTTLEY, JONATHAN  
Address        8117 NAVARRE PKWY.  
City-State-Zip: NAVARRE FL 32566

*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:** KARINA OTTLEY

**SECRETARY**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date