**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 04, 2014**
**Secretary of State**
**CC8889257256**

DOCUMENT# P04000079447

**Entity Name:** CENTER FOR SMILES, PA

**Current Principal Place of Business:**

120 WOODGLEN CT.
OLDSMAR, FL 34677

**Current Mailing Address:**

120 WOODGLEN CT.
OLDSMAR, FL 34677

**FEI Number: 41-2174138**

**Certificate of Status Desired:** No

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

ORTIZ, RAMON F
120 WOODGLEN CT.
OLDSMAR, FL 34677 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 | PD |
| Name | ORTIZ, RAMON F |
| Address | 120 WOODGLEN CT. |
| City-State-Zip: | OLDSMAR FL 34677 |

*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: RAMON F ORTIZ PD 03/04/2014

Electronic Signature of Signing Officer/Director Detail — Date