2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2013
Secretary of State
CC2899931337

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Entity Name: ADVANCED SMILE INSTITUTE, P.A.

Current Principal Place of Business:

1850 SW FOUNTAINVIEW BLVD
SUITE 101
PORT ST. LUCIE, FL 34986

Current Mailing Address:

1863 SW CAPRI ST.
PALM CITY, FL 34990 US

FEI Number: 27-0150507

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LENS, ROBERT E
1863 SW CAPRI ST
PALM CITY, FL 34990 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	DPST
Name	LENS, ROBERT E
Address	1863 SW CAPRI ST.
City-State-Zip:	PALM CITY FL 34990

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: ROBERT E LENS DPST 02/15/2013

Electronic Signature of Signing Officer/Director Detail — Date