

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028823

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: No

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

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date