

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000072313

**Entity Name:** AMAZING SMILE STUDIO ORTHODONTICS, INC

**Current Principal Place of Business:**

4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896

**Current Mailing Address:**

4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896

**FEI Number:** 27-0821457

**Certificate of Status Desired:** No

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

ALEXANDER, KEISHA NDR  
4000 VICTORIA PARK DRIVE,  
# 4101  
DAVENPORT, FL 33896 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 P  
Name ALEXANDER, KEISHA N  
Address 4000 VICTORIA PARK DRIVE, # 4101  
City-State-Zip: DAVENPORT FL 33896

*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:** KEISHA ALEXANDER

**PRESIDENT**

**03/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date