

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000072313

Entity Name: SMILE CONCEPTS ORTHODONTICS, INC.

Current Principal Place of Business:

551 N PARK AVE
STE A
APOPKA, FL 32712

Current Mailing Address:

551 N PARK AVE
STE A
APOPKA, FL 32712 US

FEI Number: 27-0821457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, KEISHA NDR
551 N PARK AVE
STE A
APOPKA, FL 32712 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 551 N PARK AVE
STE A
City-State-Zip: APOPKA FL 32712

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, C.E.O.

04/26/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date