

**2016 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**

**02/22/2016**

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

\_\_\_\_\_  
Date