

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000109093

**Entity Name:** JAMIE R. REITER, D.D.S., P.A.

**Current Principal Place of Business:**

12720 SOUTH ORANGE BLOSSOM TRAIL SUITE 22  
SMILE SOLUTIONS  
ORLANDO, FL 32837

**Current Mailing Address:**

12720 SOUTH ORANGE BLOSSOM TRAIL SUITE 22  
SMILE SOLUTIONS  
ORLANDO, FL 32837 UN

**FEI Number:** 45-3806109

**Certificate of Status Desired:** No

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

REITER, JAMIE RD.D.S  
1480 GULF BLVD., #806  
CLEARWATER, FL 33767 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 REITER, JAMIE RD.D.S.  
Address 1480 GULF BLVD., #806  
City-State-Zip: CLEARWATER FL 33767

*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:** JAMIE REITER

**DENTIST**

**01/11/2015**

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

\_\_\_\_\_  
Date