

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000055255

Entity Name: ISMILE DENTISTRY, PA

Current Principal Place of Business:

4444 E. FLETCHER AVE
SUITE D
TAMPA, FL 33613

Current Mailing Address:

4444 E. FLETCHER AVE
SUITE D
TAMPA, FL 33613 US

FEI Number: 47-1203855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOUIS, SALWAN
3419 W. SAN LUIS ST.
TAMPA, FL 33629 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: SALWAN LOUIS

02/06/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | D | Title | D |
| Name | LUGO, FRANCIS | Name | LOUIS, SALWAN |
| Address | 3419 W. SAN LUIS ST. | Address | 3419 W. SAN LUIS ST. |
| City-State-Zip: | TAMPA FL 33629 | City-State-Zip: | TAMPA FL 33629 |

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: SALWAN LOUIS

D

02/06/2024

Electronic Signature of Signing Officer/Director Detail

Date