

**2025 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

01/11/2025

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

01/11/2025

Electronic Signature of Signing Officer/Director Detail

Date