

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P39622

**Entity Name:** OPERATION SMILE, INC.

**Current Principal Place of Business:**

3641 FACULTY BLVD  
VIRGINIA BEACH, VA 23453

**Current Mailing Address:**

3641 FACULTY BLVD  
VIRGINIA BEACH, VA 23453 US

**FEI Number:** 54-1460147

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** CHRISTINA HALLAK

04/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            MAGEE, JR., WILLIAM P  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            PRESIDENT  
Name            MAGEE, KATHLEEN S  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            COO  
Name            SITI, JIM  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            SECRETARY  
Name            WYNNE, WILLIAM K  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            BOARD CHAIRMAN  
Name            MILLER, KEVIN  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            TREASURER  
Name            MARSHALL, ALEX  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            DIRECTOR  
Name            MOYES, JERRY  
Address        3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title            DIRECTOR  
Name            MAGEE, TODD  
Address        3641 FACULTY BOULEVARD  
City-State-Zip: VIRGINIA BEACH VA 23453

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG D. ANDERSON

CFO

04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANDERSON, CHRISTOPHER  
Address 3641 FACULTY BOULEVARD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title CFO  
Name ANDERSON, CRAIG D  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title CHIEF DEVELOPMENT OFFICER  
Name DAVENPORT, KENDRA  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title BOARD DIRECTOR  
Name GIOFFRE, DOMINIC MICHAEL  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title SENIOR VP MEDICAL AFFAIRS,  
MEDICAL OVERSIGHT  
Name AYALA, RUBEN  
Address 3641 FACULTY BOULEVARD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title VP, GLOBAL MEDIA STRATEGY AND  
PUBLIC RELATIONS  
Name JARDANHAZY, LISA  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

Title BOARD DIRECTOR  
Name BOYD, ROBERT JAMES  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453