

**2021 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:** Yes**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

03/18/2021

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

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

Title VP, INTERNAL COMMUNICATIONS  
Name JARDANHAZY, LISA  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

**Continues on page 2**

*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 ANDERSONCHIEF FINANCIAL  
OFFICER

03/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 BOARD DIRECTOR  
Name SMITH, BRUCE  
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

Title BOARD DIRECTOR  
Name RODOSKY, STEVE  
Address 3641 FACULTY BLVD  
City-State-Zip: VIRGINIA BEACH VA 23453

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