

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 04, 2008  
Secretary of State**

DOCUMENT# P04000107215

Entity Name: COMPREHENSIVE DENTAL SERVICES, INC.

**Current Principal Place of Business:**

2201 SOUTH OCEAN DR, #1403  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

2201 SOUTH OCEAN DR, #1403  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 55-0875509      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VECCHI, LISA  
2201 SOUTH OCEAN DR, #1403  
HOLLYWOOD, FL 33019      US

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

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

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            VECCHI, LISA  
Address:        2201 SOUTH OCEAN DR, #1403  
City-St-Zip:    HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            D            (X) Change ( ) Addition  
Name:            LEHRER, HARRY  
Address:        2201 SOUTH OCEAN DR, #1403  
City-St-Zip:    HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HARRY LEHRER

D

05/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date