

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107215

Entity Name: COMPREHENSIVE DENTAL SERVICES, INC.

Current Principal Place of Business:

2201 SOUTH OCEAN DR, #1403
HOLLYWOOD, FL 33019

Current Mailing Address:

2201 SOUTH OCEAN DR, #1403
HOLLYWOOD, FL 33019

FEI Number: 55-0875509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DR.
Name LEHRER, HARRY
Address 2201 SOUTH OCEAN DR, #1403
City-State-Zip: HOLLYWOOD FL 33019

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: DR. HARRY M. LEHRER

OFFICER

04/20/2014

Electronic Signature of Signing Officer/Director Detail

Date