

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000107215

**Entity Name:** COMPREHENSIVE DENTAL SERVICES, INC.

**Current Principal Place of Business:**

16711 COLLINS AVENUE  
508  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16711 COLLINS AVENUE  
508  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 55-0875509**

**Certificate of Status Desired: No**

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

VECCHI, LISA  
16711 COLLINS AVENUE  
508  
SUNNY ISLES BEACH, FL 33160 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 16711 COLLINS AVENUE  
508  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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 LEHRER**

**OFFICER**

**02/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date