

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000008532

Entity Name: COMPREHENSIVE DENTAL STUDIO, INC.

Current Principal Place of Business:

3200 S. UNIVERSITY DR., 3RD FLOOR
C/O JAY WALLS NSU CDM
FORT LAUDERDALE, FL 33328

Current Mailing Address:

2269 S. UNIVERSITY DR.
#349
DAVIE, FL 33324

FEI Number: 94-3466811

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLS, STEPHANIE A
2101 SW 98TH TERRACE
DAVIE, FL 33324 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 PRES
Name WALLS, STEPHANIE A
Address 2101 SW 98TH TERRACE
City-State-Zip: DAVIE FL 33324

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: STEPHANIE WALLS

PRESIDENT

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date