2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

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Entity Name: COMFORTABLE CARE DENTAL HEALTH PROFESSIONALS, P.A.

Current Principal Place of Business:

5210 CREEKWOOD BOULEVARD
BRADENTON, FL 34203

New Principal Place of Business:

Current Mailing Address:

1200 NETWORK CENTER DR., SUITE 2
EFFINGHAM, IL 62401

New Mailing Address:

FEI Number: 20-0185918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DIR
Name: THOMPSON, VERONICA DDS
Address: 5210 CREEKWOOD BOULEVARD
City-St-Zip: BRADENTON, FL 34203

Title: PRES
Name: THOMPSON, VERONICA DDS
Address: 5210 CREEEKWOOD BOULEVARD
City-St-Zip: BRADENTON, FL 34203

Title: SEC
Name: WORKMAN, RICHARD E DMD
Address: 1200 NETWORK CENTRE DRIVE, #2
City-St-Zip: EFFINGHAM, IL 62401

Title: TREA
Name: THOMPSON, VERONICA DDS
Address: 5210 CREEKWOOD BOULEVARD
City-St-Zip: BRADENTON, FL 34203

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: RICHARD E. WORKMAN SEC 04/02/2012

Electronic Signature of Signing Officer or Director — Date