2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P05000114928

Entity Name: COMPREHENSIVE DENTAL CARE, INC.

Current Principal Place of Business:

1641-1 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1641-1 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-3327629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CIFRODELLI, TONIANNE
1641-1 MAHAN CENTER BLVD.
TALLAHASSEE, FL 32308 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: TONIANNE CIFRODELLI

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: CIFRODELLI, TONIANNE
Address: 1641-1 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP/T ( ) Delete
Name: CIFRODELLI, TONIANNE
Address: 1641-1 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: CIFRODELLI, TONIANNE
Address: 1641-1 MAHAN CENTER BLVD.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TONIANNE CIFRODELLI P 01/08/2008

Electronic Signature of Signing Officer or Director — Date