

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000114928

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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:** RACHAEL TILCOCK

ACCT

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date