2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2012
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: _____

Electronic Signature of Registered Agent Date

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: TONIANNE CIFRODELLI DMD 05/03/2012

Electronic Signature of Signing Officer or Director Date