

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000156989

Entity Name: COMMUNITY DENTAL SERVICES, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

19 WEST FLAGLER STREET, SUITE 620
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

19 WEST FLAGLER STREET, SUITE 620
MIAMI, FL 33130

New Mailing Address:

FEI Number: 56-2561006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOBSON, FRANZ C SD
19 WEST FLAGLER STREET
SUITE 620
MIAMI, FL 33130 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

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: PD () Delete
Name: POUX, MARGOT D
Address: 19 WEST FLAGLER STREET, SUITE 620
City-St-Zip: MIAMI, FL 33130

Title: VD () Delete
Name: PHANORD, DAISY
Address: 19 WEST FLAGLER STREET, SUITE 620
City-St-Zip: MIAMI, FL 33130

Title: SD () Delete
Name: JOBSON, FRANZ C
Address: 19 WEST FLAGLER STREET, SUITE 620
City-St-Zip: MIAMI, FL 33130

Title: TD () Delete
Name: GORDON, JOANNE
Address: 19 WEST FLAGLER STREET, SUITE 620
City-St-Zip: MIAMI, FL 33130

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:

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: FRANZ C JOBSON

SD

09/05/2007

Electronic Signature of Signing Officer or Director

Date