2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P08000094059

Entity Name: COMFORT DENTAL CARE & ORTHODONTICS,INC

Current Principal Place of Business:

5710 NORTH DAVIS HWY
SUITE 1
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5710 NORTH DAVIS HWY SUITE 1
SUITE 1
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3331216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTWRIGHT, LEANNE
5710 N DAVIS HWY SUITE 1
SUITE 1
PENSACOLA, FL 32504 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
Name: FARRUGIA, ALAN DMD
Address: 5710 NORTH DAVIS HWY SUITE 8
City-St-Zip: PENSACOLA, FL 32504

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: PATRICK MCKIVISON STER 03/29/2011

Electronic Signature of Signing Officer or Director — Date