2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P08000095037

Entity Name: COMFORT DENTAL & ORTHODONTICS OF NAPLES P.A.

Current Principal Place of Business:

1729 HERITAGE TRAIL
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

5100 TAMIAMI TRAIL NORTH, SUITE 201
NAPLES, FL 34103

New Mailing Address:

1729 HERITAGE TRAIL
NAPLES, FL 34112

FEI Number: 80-0290553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET, 4TH FLOOR
MIAMI, FL 33145 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: PSD ( ) Delete
Name: DELBOCCIO, SCOTT
Address: 1729 HERITAGE TRAIL
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DELBOCCIO, SCOTT
Address: 1729 HERITAGE TRAIL
City-St-Zip: NAPLES, FL 34112

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: SCOTT DELBOCCIO PRES 04/20/2009

Electronic Signature of Signing Officer or Director Date