

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

2014年12月15日

1995



DOCUMENT # P94000014362 (5)

COMFORTABLE DENTAL CARE, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:22

163 9.11.2017 12:41:56

BONITA SPRINGS FL 33923		BONITA SPRINGS FL 33923		3. Date Requested for Signature: 02/18/1994 3a. Date of Last Request:	
2. Date of Birth of Applicant:		2a. Marital Status:		4. FFL Number: 65-0480662 4a. Applicant Fee: ☐ \$8.75 Additional Fee Required ☒ Not Applicable	
21. Date of Birth of Applicant:		2a. Marital Status:		5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
22. Date of Birth of Applicant:		2a. Marital Status:		6. Election Campaign Financing Fund Contribution: ☐ \$5.00 May Be Added to Fees	
23. Date of Birth of Applicant:		2a. Marital Status:		6. This corporation has liability for intermediate tax under 511(b)(2)(C). Election Category: ☐ Yes ☒ No	
24. Date of Birth of Applicant:		2a. Marital Status:			
25. Date of Birth of Applicant:		2a. Marital Status:			
26. Date of Birth of Applicant:		2a. Marital Status:			
27. Date of Birth of Applicant:		2a. Marital Status:			
28. Date of Birth of Applicant:		2a. Marital Status:			
29. Date of Birth of Applicant:		2a. Marital Status:			
30. Date of Birth of Applicant:		2a. Marital Status:			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREIDER, WILLIAM A 10911 BONITA BEACH RD. SUITE 105 BONITA SPRINGS FL 33923		81 Name	
		82 Street Address (P.O. Box Number if Not Acceptable)	
		83	
		84 City	85 Zip Code

11. The undersigned has personally reviewed the above information and hereby certifies that the information reported is true and correct to the best of his or her knowledge and belief. The undersigned understands that any false or misleading information reported may be subject to criminal and civil penalties, including fines and imprisonment.

$$| \psi_1 \rangle = \frac{1}{\sqrt{2}} (| \psi_1 \rangle + | \psi_2 \rangle) \quad (1)$$
[illegible]

REMITTED BY MAY 1

SIGNATURE: *[Handwritten Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR