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FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035083 (9)

1. Corporation Name

COMFORTABLE DENTAL CARE, P.A.

Principal Place of Business

10911 BONITA BEACH ROAD
SUITE 105
BONITA SPRINGS FL 34135

Mailing Address

10911 BONITA BEACH ROAD
SUITE 105
BONITA SPRINGS FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1997

4. FEI Number

65-0480662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GARLICK, THOMAS B
8889 PELICAN BAY BLVD
SUITE 300
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

W. CRAIG ASHTON

82 Street Address (P.O. Box Numbers Not Acceptable)

10911 Bonita Beach Rd., STE 105

83

84 City

Bonita Springs

FL

85 Zip Code

34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE W. Craig Ashton, President

(NOTE: Registered Agent signature required when reinstating)

2/5/98

Signature typed or printed name of registered agent and title, if applicable

OFFICERS AND DIRECTORS

TITLE D
NAME ASHTON, W. CRAIG
STREET ADDRESS 10911 BONITA BEACH RD, STE 105
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Craig Ashton

W. Craig Ashton

1/16/98

941 495 9900

CR2E034 (10/97)