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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035083

COMFORTABLE DENTAL CARE, P.A.

Principal Place of Business Mailing Address 10911 BONITA BEACH ROAD SUITE 105 BONITA SPRINGS FL 34135 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/16/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 4. FEI Number 5. Certifcate of Status Desired Suite, Apt. #, etc. City & State City & State City & State Trust Fund Contribution Added to Fees										
SUITE 105 SONTA SPRINGS F, 34155 SOLICA API, 4, etc. 2. Principal Place of Business 3. Date Incorporated Outside 0,4/16/1997 Applied For 15	Principal Place	of Business	Mailing Address			*-		******		
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STREET ADDRESS CITY- ST-ZIP 14. I hereby certify that the information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an information supplies with the information stated in Section 119.07(3)(ii), Florida Statutes.			C Descrip					- •	Ÿ	
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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	STREET ADDRESS									
indicated on this annual report or supplied with this lining does not qualify in the exception receiver the control of the composition of the receiver of trustee employered to execute this report as report ed by Chapter 607, Florida Statutes; and that my name appears in Rick 12 or Block 13 if Oldanged or on an attachment with an address, with all other like empowered.	CITY-ST-ZIP	andiff, that the information over-ti-	with this filing does not qualify for	the eve	empti	on stated in	n Section 119.07(3)(i). Florida Statutes. I further certify	that the	information	
officer or director of the corporation of the receiver of trustee enapowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	indicated	on this annual report or supplemen	tal annual report is true and accur	rate and	d that	my signat	ture shall have the same legal effect as if made under	ath; tha	t 1 am an	
	officer or	director of the corporation or the re-	ceiver of trustee employeered to exact the control of the control	xecute t other li	tnis re ike en	eport as red noowered	quired by Unapter 607, Honda Statutes; and that my r	and ap	Podia III	

SIGNATURE:

FILED

Feb 17, 1999 8:00am

Secretary of State

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