## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P9700068392



1. Entity Name COMFORT CARE DENTAL, P.A.							)	04-25-200	/ 90168	015 ****1	50.00
Principal Place of Business 1301 W BOYNTON BCH BLVD SUITE 5 BOYNTON BEACH, FL 33426 US				Mailing Address 3559 NW 61ST CIRCLE BOCA RATON, FL 33496				(8)11 (88) (88) (88) (88)		<b>6:11 (1):10 (1):10 (:1</b>	F1      B1
2. Principal Place of Business - No P.O. Box #				Mailing Address							
Suite, Apt. #, etc.			1	Suite, Apt. #, etc.			01252007	Chg-P	CR2E	034 (12/06)	
City & State			-	City & State		4. FEI Numbe 65-0774			<u>_</u>	plied For t Applicable	
Zip	Country		7	Zip Cour		itry	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
SEITLES, THEODORE J 3559 NW 61ST CIRCLE BOCA RATON, FL 33496						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	•
	named entit	ly submits this statement tered agent.	for the p	urpose of changing its	register	ed office or registe	ered agent, or bot	n, in the State of Flo	rida. ∣arr	familiar with,	and accept
SIGNATURE_	Signalure lyped	l or printed name of registered age	ot and tille	t anniicable (NOI	F Registers	ed Agent signature require	og when reinstaling		DATE		
After Ma		FEE IS \$150.00 7 Fee will be \$550		9. Election Campa Trust Fund Cons	tribution.	☐ Ad	5.00 May Be ided to Fees	CHANGES TO OFF	ICEDS AN	D DIDECTOR	S INI 11
10.	PD	OFFICERS AN	DURE	Delete	11.		ADDITIONS/	JHANGES TO OFF	ICERS AN	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SEITLES 3559 NW	, THEODORE J 61ST CIRCLE ATON, FL 33496		Design	NAN SIR					وسيده ال	
TITLE NAME STREET ADDRESS	I	, ANNETTE 61 CIRCLE		☐ Delete	TITL NAA STR					☐ Change	Addition
CITY-ST-ZIP						'-ST-ZIP					
THILE NAME STREET ADDRESS			·	☐ Delete	TITL NAM STR		, , , , , , , , , , , , , , , , , , , ,	·		☐ Change	☐ Addition
CITY-ST-ZIP	ļ	i =		-	CITY	/- S1 - ZIP					
NAME STREET ADDRESS CJTY-ST-ZIP				☐ Delete	•					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		,				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
indicatéd	Log this repo	ne information supplied wo ort or supplemental report the receiver or trustee em	t is true a	ind accurate and that i	mv signa	iture shall have the	e same legal effec	t as if made under e	oath: that I	am an officer	or director

Theodon J Seitle 4/16/07 561 732 8615
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #