

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068392

FILED
Jan 12, 2008
Secretary of State

Entity Name: COMFORT CARE DENTAL, P.A.

Current Principal Place of Business:

1301 W BOYNTON BCH BLVD
SUITE 5
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

3559 NW 61ST CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0774728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEITLES, THEODORE J
3559 NW 61ST CIRCLE
BOCA RATON, FL 33496 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: PD () Delete
Name: SEITLES, THEODORE J
Address: 3559 NW 61ST CIRCLE
City-St-Zip: BOCA RATON, FL 33496

Title: DS () Delete
Name: SEITLES, ANNETTE
Address: 3559 NW 61 CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THEODORE J. SEITLES

PRES

01/12/2008

Electronic Signature of Signing Officer or Director

Date