

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90054 003 ***150.00

0410039

DOCUMENT # P97000094409

1. Entity Name
COMFORTABLE CARE DENTAL GROUP, INC.

Principal Place of Business 5570 BEE RIDGE RD C-2 SARASOTA FL 34233 US	Mailing Address 5570 BEE RIDGE RD C-2 SARASOTA FL 34233 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0791489** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back);

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **GIANNINI, ALESSANDRO A**
 STREET ADDRESS **1512 CARIBBEAN DR.**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE Change Addition
 NAME **ALESSANDRO A GIANNINI**
 STREET ADDRESS **411 VANDERKLOOT DR**
 CITY-ST-ZIP **OSPREY, FL 34229**

TITLE **D** Delete
 NAME **STRICKLAND, GEORGE**
 STREET ADDRESS **3745 TORREY PINES BLVD.**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE Change Addition
 NAME **GEORGE N STRICKLAND**
 STREET ADDRESS **324 BAY SHORE DR**
 CITY-ST-ZIP **SARASOTA, FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alex A. Giannini** 4/10/01 941-3778028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)