


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90330 001 \*\*\*150.00

**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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**DO NOT WRITE IN THIS SPACE**

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0791489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M  
 720 SOUTH ORANGE AVENUE  
 SARASOTA, FL 34236

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIANNINI, ALESSANDRO A 411 VANDERKLOOT DR OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, GEORGE 324 BAYSHORE DR SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or in an attachment with an address, with all other like empowered.

**SIGNATURE:** Alessandro A. Giannini 4/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #