

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90033 023 \*\*\*150.00

**DOCUMENT # S09966**

1. Entity Name  
 CORAL DENTAL CARE, INC.



Principal Place of Business

Coral Dental Care, Inc.  
 2123 University Drive  
 Coral Springs, FL 33071

Mailing Address

% JOSEPH A. MARONA  
 7162 PEMBROKE ROAD  
 MIRAMAR, FL 33023



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0225023** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARONA, JOSEPH A.  
 7162 PEMBROKE ROAD  
 MIRAMAR, FL 33023

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONTE, EUGENIO
STREET ADDRESS	2123 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	D
NAME	CONTE, NIVIA
STREET ADDRESS	2123 UNIVERSITY DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, title or other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

2-15-06