

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09966

FILED
Feb 15, 2009
Secretary of State

Entity Name: CORAL DENTAL CARE, INC.

Current Principal Place of Business:

2801 N UNIVERSITY DR, SUITE 202
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1881 N UNIVERSITY DRIVE #114
CORAL SPRINGS, FL 33071

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0225023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTE, EUGENIO
2801 N UNIVERSITY DR, SUITE 202
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CONTE, EUGENIO
1881 N UNIVERSITY DRIVE #114
CORAL SPRINGS, FL 33071 US

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: _____

02/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONTE, EUGENIO,
Address: 2123 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: CONTE, NIVIA,
Address: 2123 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONTE, EUGENIO,
Address: 1881 N UNIVERSITY DRIVE #114
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change () Addition
Name: CONTE, NIVIA,
Address: 1881 N UNIVERSITY DRIVE #114
City-St-Zip: CORAL SPRINGS, FL 33071

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: EUGENIO CONTE

D

02/15/2009

Electronic Signature of Signing Officer or Director

Date