

# 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