

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S09966

FILED  
Jan 27, 2012  
Secretary of State

**Entity Name:** CORAL DENTAL CARE, INC.

**Current Principal Place of Business:**

1881 N UNIVERSITY DRIVE #114  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: EUGENIO CONTE

D

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date