# 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN FARRUGIA Electronic Signature of Signing Officer/Director Detail

## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N2000004217

### Entity Name: COMFORT CARES DENTAL NETWORK, INC.

#### **Current Principal Place of Business:**

5710 NORTH DAVIS HWY PENSACOLA, FL 32503

#### **Current Mailing Address:**

5710 NORTH DAVIS HWY PENSACOLA, FL 32503 US

### **FEI Number: APPLIED FOR**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

P,S	Title	VP
FARRUGIA, ALAN	Name	FARRUGIA, DAVID
5710 NORTH DAVIS HWY	Address	5710 NORTH DAVIS HWY
PENSACOLA FL 32503	City-State-Zip:	PENSACOLA FL 32503
	FARRUGIA, ALAN 5710 NORTH DAVIS HWY	FARRUGIA, ALAN Name   5710 NORTH DAVIS HWY Address

OWNER

Certificate of Status Desired: No

04/17/2021 Date

FILED Apr 17, 2021 Secretary of State 6062310776CC

Date