

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153528

FILED
May 22, 2005
Secretary of State

Entity Name: PALM BEACH DENTAL GROUP, P.A.

Current Principal Place of Business:

5440 MILITARY TRAIL STE 11
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

5440 MILITARY TRAIL STE 11
JUPITER, FL 33458

New Mailing Address:

FEI Number: 20-1864696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUDNICK, ANDREW
Address: 5440 MILITARY TRAIL STE 11
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: RUDNICK, ANDREW
Address: 5440 MILITARY TRAIL STE 11
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW RUDNICK

PRES

05/22/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date