


2004 FOR PROFIT CORPORATION ANNUAL REPORT

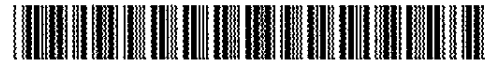
FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084025
 1. Entity Name
 AMERI-DENT, INC.



Principal Place of Business 11050 NORTH KENDALL DR. UNIT 102 MIAMI, FL 33176	Mailing Address 11050 NORTH KENDALL DR. UNIT 102 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0869714	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HARTSOCK, BETSY
 10020 SW 125 AVE
 MIAMI, FL 33186

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST-ZIP	D HARTSOCK, BETSY 11050 NORTH KENDALL DR., UNIT 102 MIAMI, FL 33176
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 01/15/04-80056-013 158.75

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betsy Hartsock* 1/12/04 305-271-6121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #