


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 614969</b> 1. Entity Name <b>THE DENTIST PLACE, INC.</b>	
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Principal Place of Business <b>5307 NW 118 AVE. CORAL SPRINGS, FL 33076 US</b>	Mailing Address <b>5307 NW 118 AVE. CORAL SPRINGS, FL 33076 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1904309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>SELTZER, EDWARD A 535 OCEAN BLVD GOLDEN BEACH, FL 33160</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SELTZER, EDWARD A 535 OCEAN BLVD GOLDEN BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S SCHWARTZ, ROY 5307 NW 118TH CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/15/04-80043-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> <u>R. Schwartz Secy (Roy Schwartz)</u> <u>1/12/2004</u> <u>954 796 1587</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>