

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000501

Entity Name: DENTOVATIONS, INC.

FILED
Jul 20, 2004
Secretary of State

Current Principal Place of Business:

ONE DEVONSHIRE PLACE
1606
BOSTON, MA 02109 US

Current Mailing Address:

ONE DEVONSHIRE PLACE
BOSTON, MA 02109 US

New Principal Place of Business:

9508 WEST PARK VILLAGE DRIVE
UNIT 102
TAMPA, FL 33626 US

New Mailing Address:

9508 WEST PARK VILLAGE DRIVE
UNIT 102
TAMPA, FL 33626 US

FEI Number: 41-2044918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DARRELL C
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BROWN, DAMON
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: SMITH, DARRELL C
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: CD () Delete
Name: DIASTI, ADAM DDS
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: D (X) Delete
Name: PHILP, GRAHAM DDS
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: BROWN, DAMON
Address: 9508 WEST PARK VILLAGE DR, UNIT 102
City-St-Zip: TAMPA, FL 33626

Title: SD (X) Change () Addition
Name: DIASTI, ADAM DDS
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: PHILP, GRAHAM DDS
Address: 2502 ROCKY POINT DRIVE, SUITE 1000
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAMON BROWN

PTD

07/20/2004

Electronic Signature of Signing Officer or Director

Date