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FILED F22765


2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 JUN -7 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F22765

1. Entity Name
DENTAL ASSOCIATES, INC.



Principal Place of Business
**400 POINCIANA DR
HALLANDALE, FL 33009**

Mailing Address
**400 POINCIANA DR
HALLANDALE, FL 33009**

66423042



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2090026

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**D'ANGELO, JOSEPH P
400 POINCIANA DR.
HALLANDALE, FL 33009**

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 _____ DATE _____

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when releasing)

**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	PDT D'ANGELO, JOSEPH P 400 POINCIANA DR. HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HEICBERGER, MARGARET M 400 POINCIANA DR HALLANDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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2/12/04 01048 019 150-00

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.

SIGNATURE: Margaret M Heicberger Date: 4/15/04 Telephone: 3057701141

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

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Dental Associates, Inc.

66423042

20 NW 181st Street
Miami, FL 33169

Phone: 305-770-1141
Fax: 305-651-0560

May 13, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF#:

F22765

TO WHOM IT MAY CONCERN:

The payment for the 2004 annual report for Dental Associates, Inc. was incorrectly applied to another corporation, Gibraltar Venture Capital, Ref# M2244. Enclosed is copy of the check in the amount of \$300 for both these corporations.

Please apply the \$150 overpayment on Gibraltar Venture Capital's account to Dental Associates, Inc. in order to correctly reflect payment for both these corporations.

Thanks for your help.

Sincerely,



Arlene Khouri
Accounting Representative