


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F99000006712 1. Entity Name ISLAND DENTAL CO., INC.	
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Principal Place of Business 60 AUSTIN BLVD COMMACK, NY 11725	Mailing Address 60 AUSTIN BLVD COMMACK, NY 11725
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01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3303645	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000089753
03/16/04-80001-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAPUTO, MICHAEL 60 AUSTIN BLVD COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAHN, LAURA 60 AUSTIN BLVD COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SORACI, JUSTINA 60 AUSTIN BLVD COMMACK, NY 11725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHKIN, SHEILA 3890 PARK CENTRAL BLVD. NORTH POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ASHKIN, MICHAEL 3890 PARK CENTRAL BLVD NORTH POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ASHKIN, CARL 865 MERRICK AVENUE WESTBURY, NY 11590

**DO NOT WRITE
IN THIS SPACE**

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: *Michael Caputo* 3/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #