


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90223 008 \*\*\*150.00

DOCUMENT # F99000006712							
1. Entity Name ISLAND DENTAL CO., INC.							
Principal Place of Business 60 AUSTIN BLVD COMMACK, NY 11725			Mailing Address 60 AUSTIN BLVD COMMACK, NY 11725				
2. Principal Place of Business		3. Mailing Address 300 Jericho Quadrangle					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State Jericho, NY		4. FEI Number 11-3303645			
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 11753		Country USA		Applied For Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	
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 _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPUTO, MICHAEL		NAME	Caputo, Michael			
STREET ADDRESS	60 AUSTIN BLVD		STREET ADDRESS	300 Jericho Quadrangle			
CITY-ST-ZIP	COMMACK, NY 11725		CITY-ST-ZIP	Jericho, NY 11753			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAHN, LAURA		NAME	Kahn, Laura			
STREET ADDRESS	60 AUSTIN BLVD		STREET ADDRESS	300 Jericho Quadrangle			
CITY-ST-ZIP	COMMACK, NY 11725		CITY-ST-ZIP	Jericho, NY 11753			
TITLE	AS	<input type="checkbox"/> Delete	TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SORACI, JUSTINA		NAME	Justina Soraci			
STREET ADDRESS	60 AUSTIN BLVD		STREET ADDRESS	300 Jericho Quadrangle			
CITY-ST-ZIP	COMMACK, NY 11725		CITY-ST-ZIP	Jericho, NY 11753			
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASHKIN, SHEILA		NAME				
STREET ADDRESS	3890 PARK CENTRAL BLVD. NORTH		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASHKIN, MICHAEL		NAME				
STREET ADDRESS	3890 PARK CENTRAL BLVD NORTH		STREET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP				
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	CEO D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ASHKIN, CARL		NAME	Carl Ashkin			
STREET ADDRESS	865 MERRICK AVENUE		STREET ADDRESS	300 Jericho Quadrangle			
CITY-ST-ZIP	WESTBURY, NY 11590		CITY-ST-ZIP	Jericho, NY 11753			
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: <i>Justina Soraci</i>		Abst Socy		4-18-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			