

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90497 001 ***600.00

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1. Entity Name
ISLAND DENTAL CO., INC.



Principal Place of Business
**60 AUSTIN BLVD
COMMACK, NY 11725**

Mailing Address
**300 JERICHO QUADRANGLE
JERICHO, NY 11753**

66011346



2. Principal Place of Business
300 Jericho Quadrangle

3. Mailing Address
300 Jericho Quadrangle

01252006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jericho, NY

City & State
Jericho, NY

4. FEI Number
11-3303645

Applied For
Not Applicable

Zip
11753

Country
USA

Zip
11753

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**P
CAPUTO, MICHAEL
300 JERICHO QUADRANGLE
JERICHO, NY 11753** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KAHN, LAURA
300 JERICHO QUADRANGLE
JERICHO, NY 11753** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SORACI, JUSTINA
300 JERICHO QUADRANGLE
JERICHO, NY 11753** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ASHKIN, SHEILA
3890 PARK CENTRAL BLVD. NORTH
POMPANO BEACH, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
ASHKIN, MICHAEL
3890 PARK CENTRAL BLVD NORTH
POMPANO BEACH, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
ASHKIN, CARL
300 JERICHO QUADRANGLE
JERICHO, NY 11753** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Justina Gordon
300 Jericho Quadrangle
Jericho, NY 11753** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Justina Gordon **Justina Gordon** **4-18-06**