

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90652 016 \*\*\*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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3303645**

Applied For

Not Applicable

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

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

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CAPUTO, MICHAEL**  
STREET ADDRESS **60 AUSTIN BLVD**  
CITY-ST-ZIP **COMMACK NY 11725**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Gary Rosenberg**  
STREET ADDRESS **60 Austin Blvd**  
CITY-ST-ZIP **Commack, NY 11725**

TITLE **SD** ☐ Delete  
NAME **KAHN, LAURA**  
STREET ADDRESS **60 AUSTIN BLVD**  
CITY-ST-ZIP **COMMACK NY 11725**

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

TITLE **AS** ☐ Delete  
NAME **SORACI, JUSTINA**  
STREET ADDRESS **60 AUSTIN BLVD**  
CITY-ST-ZIP **COMMACK NY 11725**

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

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

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

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

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

TITLE **CEOD** ☐ Delete  
NAME **ASHKIN, CARL**  
STREET ADDRESS **865 MERRICK AVENUE**  
CITY-ST-ZIP **WESTBURY NY 11590**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)