

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27013

FILED
Mar 28, 2006
Secretary of State

Entity Name: SOUTH EASTERN DENTAL SALES & SERVICES, TOM CAHILL'S, INC.

Current Principal Place of Business:

4737 SCHOOL RD.
LAND O LAKES, FL 34638 US

New Principal Place of Business:

4253 DEWEY DR.
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

4737 SCHOOL RD.
LAND O LAKES, FL 34638 US

New Mailing Address:

4253 DEWEY DR.
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2261384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAHILL, LISA K
4737 SCHOOL RD.
LAND O LAKES, FL 34638 US

Name and Address of New Registered Agent:

CAHILL, LISA K
4253 DEWEY DR.
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: LISA K. CAHILL

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CAHILL, LISA K
Address: P.O. BOX 1479
City-St-Zip: LAND O LAKES, FL 34639

Title: P () Delete
Name: CAHILL, KEVIN M.
Address: P.O. BOX 1479
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CAHILL, LISA K
Address: 4253 DEWEY DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: P (X) Change () Addition
Name: CAHILL, KEVIN M
Address: 4253 DEWEY DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA K. CAHILL

VP

03/28/2006

Electronic Signature of Signing Officer or Director

Date