


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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| DOCUMENT # K16076 1. Entity Name BROWARD DENTAL, INC. |  |
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| Principal Place of Business 6045 KIMBERLY BLVD. NO LAUDERDALE, FL 33068 US | Mailing Address 1209 W BROWARD BLVD FT. LAUDERDALE, FL 33312 |
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| DO NOT WRITE IN THIS SPACE |
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04192004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0038617 | 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 DALEY, WILLIAM 6045 KIMBERLY BLVD N LAUDERDALE, FL 33068 |
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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 re-stating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| 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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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DALEY, WILLIAM 6045 KIMBERLY BLVD. N. LAUDERDALE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BARNARD, MICHAEL 1209 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312 |
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| <p>U000000128628 04/26/04-80045-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 Barnard** 7/20/04 954-763-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #