2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AN Secretary of State

ANNUAL REPORT						, Secretary of State			
DOCUMENT # P00000039413								v	
	DENTAL PROST	HETICS, INC.							
Principal Plac	ce of Business	- M	alling Address						
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6. Name and Address of Current Registered Agent					: !! : [] #	Property Control of the Control		and the second second	1.77
BROWN, LARRY G			-	10 T	DO	VOT W	DITE		
1807 EAST LEEWYNN DRIVE SARASOTA, FL 34240								7.12.	
						HIS SF	PACE		
						Action of the control			
8. The above the obliga	a named entity submits the tight of registered agent.	is statement for the p	ourpose of changing its reg	stered office or	register	ed agent, or both	, in the State of Fi	orida. I am famillar with, and	accept
SIGNATURE	Signature, typed or printed name	of registered agent and title i	f applicable. (NOTE; Res	istered Agent signatu	required	when reinstating)	<u> </u>	DATE	_
FIL After M	E NOW!!! FEE IS ! ay 1, 2008 Fee wi	150.00 Il be \$550.00	Election Campaign in Trust Fund Contribution		\$5. Adde	00 May Be ed to Fees	· · · · · · · · · · · · · · · · · · ·		
10.	· — — — —	FFICERS AND DIREC	CTORS			** ** ** ** ** ** ** ** ** ** ** ** **	Sikmonis, Springer	Stranger of the stranger of th	HERE
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12. I nereby certify that the information supplied with this filling 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 at difficer 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 3s address, with all other the empowered.

SIGNATURE!

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND FORD OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-30-06

941-363-0963 Daytime Phone 8