


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90332 026 ***150.00

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|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000073884 1. Entity Name DENTALNET, INC. |  |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 801 S FEDERAL HWY #101 DELRAY BEACH, FL 33483 | Mailing Address 801 S FEDERAL HWY #101 DELRAY BEACH, FL 33483 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

50010501



04042006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1056721 | 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 ELEFANT, JACOB DR. 801 S FEDERAL HWY #101 DELRAY BEACH, FL 33483 |
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**DO NOT WRITE
IN THIS SPACE**

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 | D ELEFANT, JACOB DR. 801 S FEDERAL HWY #101 DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ISRAEL, KEN DR. 1250 E HALLANDALE BEACH BLVD #PH3 HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:  **4/5/06** **(561) 278-8218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #