


2004 FOR PROFIT CORPORATION ANNUAL REPORT

7/6.

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-06-2004 90151 001 ***317.50

DOCUMENT # P00000108514 1. Entity Name THE DENTAL TEAM, P.A.																																																																																																																																			
Principal Place of Business 801 S FEDERAL HWY #102 DELRAY BEACH, FL 33483			Mailing Address 801 S FEDERAL HWY #102 DELRAY BEACH, FL 33483																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc. #101			3. Mailing Address Suite, Apt. #, etc. #101																																																																																																																																
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5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent ISRAEL, KEN 1250 EAST HALLANDALE BEACH BLVD. PH3 HALLANDALE BEACH, FL 33009																																																																																																																																			
7. Name and Address of New Registered Agent Name Dr. Jacob Elefant Street Address (P.O. Box Number is Not Acceptable) 801 S. Federal Highway Suite # 101 City Delray Beach FL Zip Code 33483																																																																																																																																			
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 Jacob Elefant DATE 7/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PS ELEFANT, JACOB</td> <td></td> <td>STREET ADDRESS</td> <td>Dr. Jacob Elefant</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1250 E HALLANDALE BCH. BLVD, PH3 HALLANDALE, FL 33009</td> <td></td> <td>CITY-ST-ZIP</td> <td>801 S. Federal Hwy #101</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delray Beach, FL 33483</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	PS ELEFANT, JACOB		STREET ADDRESS	Dr. Jacob Elefant		CITY-ST-ZIP	1250 E HALLANDALE BCH. BLVD, PH3 HALLANDALE, FL 33009		CITY-ST-ZIP	801 S. Federal Hwy #101						Delray Beach, FL 33483		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: x Jacob Elefant <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7/2/04 Daytime Phone # 561-278-8218																																																																																																																															



**THE
DENTAL
TEAM**

"a gentle touch, a healthy smile"

Attachment

66430161

#P00000108514

July 14, 2004

Department of State

Please be advised that when I was on the web to register both corporations I did not check off that I never received the renewal form for the annual report. As you can see from the attached, the address that the state had on file is 3 years old. Please apply check #10083 \$158.75 each to DentalNet and Dental Team.

Thank you.

John Fularo

Corporate: 801 S. Federal Hwy, #101 — Delray Beach, Florida 33483 — (561) 278-8218

Coral Springs

987 University Drive
Coral Springs, FL 33071
954-753-8274

Deerfield Beach

123 N. Powerline Rd., Suite A-6
Deerfield Beach, FL 33442
954-427-2436

Pompano Beach

1 Pompano Square, Suite A-40
Pompano Beach, FL 33062
954-782-8620

Boca Raton

9045 LaFontana Blvd., Suite B-5
Boca Raton, FL 33434
561-988-1688

Boynton Beach

1080 S. Federal Highway
Boynton Beach, FL 33435
561-733-3184

West Palm Beach

1497 Forest Hill Blvd., Suite B
West Palm Beach, FL 33406
561-864-4688