


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91476 036 ***150.00

DOCUMENT # <i>P01000118563</i>	
1. Entity Name SAILFISH DENTAL SERVICES, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11891 U.S. Hwy. One Suite, Apt. #, etc. Suite 105 City & State North Palm Beach, FL Zip 33408		3. Mailing Address 11891 U.S. Hwy. One Suite, Apt. #, etc. Suite 105 City & State North Palm Beach, FL Zip 33408	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 04-3586586		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name Robert C. Hackney Street Address (P.O. Box Number is Not Acceptable) 11891 U.S. Highway One, Ste. 105 City North Palm Beach FL Zip Code 33408		

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 <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	Robert C. Hackney (NOTE: Registered Agent signature required when reinstating.) DATE 4/15/03	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Miller, Alan 11891 U.S. Hwy. One, Ste. 105 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Russo, Craig 11891 U.S. Highway One, Ste. 105 North Palm Beach, FL 33408	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other persons empowered.	SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4.22.03 Date	561.748.2190 Daytime Phone #
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CR2E034B (12/02)