



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 028 ***150.00

DOCUMENT # P02000068479 1. Entity Name DENTAL DISPATCH, INC.					
Principal Place of Business 7320 ST. IVES WAY #4107 NAPLES, FL 34104				Mailing Address 7320 ST. IVES WAY #4107 NAPLES, FL 34104	
2. Principal Place of Business 7320 St Ives Way Suite, Apt. #, etc. #4308		3. Mailing Address 7320 St. Ives Way Suite, Apt. #, etc. #4308			
City & State Naples FL		City & State Naples FL		4. FEI Number 47-0872318	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARATORE, REBECCA 7320 ST. IVES WAY #4107 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name: Rebecca Paratore Street Address (P.O. Box Number is Not Acceptable): 7320 St. Ives Way #4308 City: Naples FL Zip Code: 34104	
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 reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARATORE, REBECCA 7320 ST. IVES WAY #4107 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARATORE, REBECCA 7320 ST. IVES WAY #4107 NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rebecca Paratore 7320 St. Ives Way #4308 Naples, FL 34104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rebecca Paratore</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/7/05 Date Daytime Phone #		