2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000154690

Entity Name: DENTAL RX, INC.

Current Principal Place of Business:

1190 WEST EDGEWOOD AVE.
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1190 WEST EDGEWOOD AVE.
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-1921020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER ST., STE. 2020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: GWEN HUTCHESON GRIGGS, EVP 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT ( ) Change (X) Addition
Name: RILEY, IRA JR.
Address: 1190 WEST EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Change (X) Addition
Name: RILEY, JANICE
Address: 1190 WEST EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Change (X) Addition
Name: BLAKE, SHATARA
Address: 1190 WEST EDGEWOOD AVE.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA RILEY, JR. DPT 04/29/2005
Electronic Signature of Signing Officer or Director Date