

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154690

Entity Name: DENTAL RX, INC.

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

1190 WEST EDGEWOOD AVE.  
JACKSONVILLE, FL 32208

## Current Mailing Address:

1190 WEST EDGEWOOD AVE.  
JACKSONVILLE, FL 32208

## New Principal Place of Business:

1190 WEST EDGEWOOD AVE.  
SUITE B  
JACKSONVILLE, FL 32208 US

## New Mailing Address:

1190 WEST EDGEWOOD AVE.  
SUITE B  
JACKSONVILLE, FL 32208 US

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  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

05/01/2006

Electronic Signature of Signing Officer or Director

Date