## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 08, 2006 8:00 am **DOCUMENT # P05000076600 Secretary of State** 03-08-2006 90180 038 \*\*\*150.00 ADCSC INC. Principal Place of Business Mailing Address 1065 SW 15TH AVENUE 1065 SW 15TH AVENUE DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 US 211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number 20-2842985 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1065 SW 15 AVE. SUITE 7 DELRAY BEACH, FL 33444 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D, P ☐ Delete TITLE ☐ Change ☐ Addition ANDLER, MARC STREET ADDRESS 376 3RD STREET STREET ADDRESS CITY-ST-ZIP EVERETT, MA 02149 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDLER, ARNOLD NAME NAME STREET ADDRESS 376 3RD STREET STREET ADDRESS CITY-ST-ZIP EVERETT, MA 02149 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME MURPHY, RITA 376 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP EVERETT, MA 02149 CITY-ST-7iP ☐ Delete TITI F TITLE ☐ Change ☐ Addition LÉWIN, RICHARD NAME NAME STREET ADDRESS 376 3RD STREET STREET ADDRESS CITY-ST-ZIP EVERETT, MA 02149 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

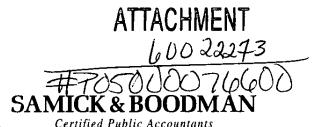
NAME

STREET ADDRESS

CITY-ST-ZIP

3/3/06 2387-5700

FILED



30 EASTBROOK ROAD, SUITE 101 DEDHAM, MA 02026 TEL (781) 329-5866 TOLL FREE (888) 329-5866 FAX (781) 329-7309

TO: DENTAL MOLDABLE DEVICES, IN	C. DATE: MARCH 1, 2006								
Enclosed please find the MASSACHUSETTS CORPORATION ANNUAL REPORT.									
This must be DATED, SIGNED, and MAILED to the address below. IT MUST BE RECEIVED BY MARCH 15, 2006.									
	<del></del>								
If it is not received by t	he date above there will be an								
If it is not received by the date above there will be an additional late fee of \$25 assessed. All fees must be paid by									
check or money order.									
X Sign and Date Ar	nual Report at red check marks.								
X Make a check pa	vable to the COMMONWEALTH OF MASS								
X Make a check payable to the COMMONWEALTH OF MASS in the amount of \$125.									
X Mail check with	the Annual Report to:								
SECRETARY OF THE COMMONWEALTH ATTENTION: ANNUAL REPORT - AR125									
	ON PLACE, ROOM 1717								
BOSTON, MA	02108-1512								

Any questions, please call the office.

DF

ATTACHMENT (0092273)
The Commonwealth of Massachusetts

Filing Fee: \$125.00 Late Fee: \$25.00

## William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Annual Report for Domestic** and Foreign Corporations

FORM MUST BE TYPED

CLIENT'S COPY

(General Laws Chapter 156D, Section 16.22; 950 CMR 113.57)

	Exact name of the corp Jurisdiction of incorpor		NTAL MOLDABLE MASSACHUSETTS	DEVICES,	INC.				
(3)			tered office in the commonw PO BOX 499125	vealth:	EVERETT	MA `	 02149		
	ر المراحة الآن في الوطار في المراحية في المواجب المحاجب المحاجب المحاجب المحاجب المحاجب المحاجب المحاجب المحاجب		(number, street,	city or town, sta		1 12 1	V2117		
(4)	Name of the registered		,	•	c, <b>2.</b> p code,				
	Street address of the cor			D ANDLER					
(3)			PO BOX 499125		EVERETT	MA	02149		
			(number, street,	•					
(6)	Provide the names and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.								
			NAME		ADDRE				
	President: DOUGL								
		surer: WENDY B. KAHN, 44 PINEWOOD ROAD, WELLESLEY, MA 02482							
	Secretary: ARNOL	ecretary: ARNOLD ANDLER, 32 HAWTHORNE LANE, WESTON, MA 02493							
	Chief Executive Officer								
	Chief Financial Officer								
	Directors: DOUGL								
		CAULFIELD RD, WAYLAND MA 01778; ARNOLD ANDLER, 32 HAWTHORNE LN, WESTON MA							
	02493; JOSEI	02493; JOSEPH KAHN, 44 PINEWOOD RD, WELLESLEY MA 02482							
	Briefly describe the bus DENTAL PRO  9) Capital stock of each of	DCESSING							
	CLASS OF STOCK  TOTAL AUTHORIZED BYARTICLES TION OR AMENDMEN Number of Shares				TOTAL ISSUED AND OUTSTANDING Number of Shares				
	COMMON		200,000		1,000				
	PREFERRED								
(10	) Check if the stock of t	he corporation i	s publicly traded.		•				
(11	) Report is filed for fisca			3	1	20	005		
Sig	ned by:	IENT'S C	OPY (month)		(day)		(year)		
	Chairman of the board of	of directors	President	X	Other officer		Court-appointed fiduciary		
						2006			
	·				<del>_</del> .		,		