

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90082 044 \*\*\*150.00

**DOCUMENT # P23631**

1. Entity Name  
**DARBY DENTAL SUPPLY CO., INC.**



Principal Place of Business  
**3890 PARK CENTRAL BLVD  
POMPANO BEACH, FL 33064 US**

Mailing Address  
**865 MERRICK AVENUE  
WESTBURY, NY 11590 US**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**11-2266492**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE HALL CORPORATION SYSTEM INC.  
110 N MAGNOLIA ST  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ASHKIN, MICHAEL 3890 PARK CENTRAL BLVD NORTH POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAPUTO, MICHAEL 865 MERRICK AVENUE WESTBURY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAHN, LAURA 865 MERRICK AVENUE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ASHKIN, SHELIA 3890 PARK CENTRAL BLVD NORTH POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SORACI, JUSTINA 865 MERRICK AVENUE WESTBURY, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD ASHKIN, CARL 865 MERRICK AVENUE WESTBURY, NY

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #