

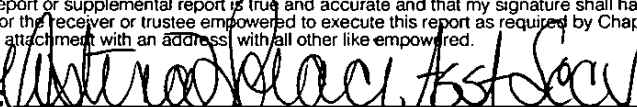


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90223 007 \*\*\*150.00

<b>DOCUMENT # P23631</b> 1. Entity Name <b>DARBY DENTAL SUPPLY CO., INC.</b>					
Principal Place of Business <b>3890 PARK CENTRAL BLVD</b> <b>POMPANO BEACH, FL 33064 US</b>				Mailing Address <b>865 MERRICK AVENUE</b> <b>WESTBURY, NY 11590 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>300 Jericho Quadrangle</b> Suite, Apt. #, etc.			
City & State		City & State <b>Jericho, NY</b>		4. FEI Number <b>11-2266492</b>	
Zip <b>11753</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE PRENTICE HALL CORPORATION SYSTEM INC.</b> <b>110 N MAGNOLIA ST</b> <b>SUITE 105</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>ASHKIN, MICHAEL</b> <b>3890 PARK CENTRAL BLVD NORTH</b> <b>POMPANO BEACH, FL 33064</b>	<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	<b>P</b> <b>CAPUTO, MICHAEL</b> <b>865 MERRICK AVENUE</b> <b>WESTBURY, NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Michael Caputo</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KAHN, LAURA</b> <b>865 MERRICK AVENUE</b> <b>WESTBURY, NY 11590</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Laura Kahn</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ASHKIN, SHELIA</b> <b>3890 PARK CENTRAL BLVD NORTH</b> <b>POMPANO BEACH, FL 33064</b>	<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	<b>AS</b> <b>SORACI, JUSTINA</b> <b>865 MERRICK AVENUE</b> <b>WESTBURY, NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Justina Soraci</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD</b> <b>ASHKIN, CARL</b> <b>865 MERRICK AVENUE</b> <b>WESTBURY, NY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO D</b> <b>Carl Ashkin</b> <b>300 Jericho Quadrangle</b> <b>Jericho, NY 11753</b>	
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.					
<b>SIGNATURE:</b> 			Date <b>4-18-05</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					