

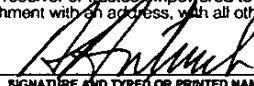


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90187 002 \*\*\*150.00

<b>DOCUMENT # P93000027123</b> 1. Entity Name <b>THE DENTAL SPECIALTY GROUP, P.A.</b>					
Principal Place of Business <b>9960 CENTRAL PK BLVD S. #301 BOCA RATON, FL 33428</b>			Mailing Address <b>9960 CENTRAL PK BLVD S. #301 BOCA RATON, FL 33428</b>		
2. Principal Place of Business <b>9970 Central Park Blvd</b> Suite, Apt. #, etc. <b>200</b>		3. Mailing Address <b>9970 Central Park Blvd</b> Suite, Apt. #, etc. <b>200</b>			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>		4. FEI Number <b>65-0414903</b>	
Zip <b>33428</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>FUHR, ALLAN H 6711 ROYAL ORCHID CIRCLE DELRAY BEACH, FL 33446</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <b>PD</b>	NAME <b>FUHR, ALLAN H</b>		TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>9960 CENTRAL PARK BLVD. SO., #301</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		<b>9970 Central Park Blvd Ste 200 Boca Raton, FL 33428</b>		
TITLE <b>C</b>	NAME <b>BORTNICK, BERNARD</b>		TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>9960 CENTRAL PARK BLVD. SO., #301</b>	CITY-ST-ZIP <b>BOCA RATON, FL 33428</b>		<b>9970 Central Park Blvd Ste 200 Boca Raton, FL 33428</b>		
TITLE _____	NAME _____		TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____		_____		
TITLE _____	NAME _____		TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____		_____		
TITLE _____	NAME _____		TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	CITY-ST-ZIP _____		_____		
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.					
<b>SIGNATURE:</b>  <b>Bernard Bortnick</b>			<b>4/25/06</b> <b>561-852-9966</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		