


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000078476**  
 1. Entity Name  
**ERIC'S DENTAL SERVICE, INC.**



Principal Place of Business      Mailing Address  
 14960 SW 260 ST                      14960 SW 260 ST  
 HOMESTEAD, FL 33032 US              HOMESTEAD, FL 33032 US

**DO NOT WRITE IN THIS SPACE**



04142006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0448553      Not Applied

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

6. Name and Address of Current Registered Agent  
 SUTTER, HOWARD T  
 104 CRANDON BLVD., #309  
 KEY BISCAIYNE, FL 33149

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STIBITZ, ERIC V
STREET ADDRESS	14960 SW 260 ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	D
NAME	STIBITZ, CATHERINE M
STREET ADDRESS	14960 SW 260 ST
CITY-ST-ZIP	HOMESTEAD, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000513915  
 04/29/06-80149-011 150.00

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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.

SIGNATURE: Catherine M. Stibitz      Date: 4/14/06      Daytime Phone #: 786-243-0457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR