

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000004967

FILED  
Apr 15, 2004  
Secretary of State

**Entity Name:** INVERNESS DENTAL ARTS, INC.

**Current Principal Place of Business:**

949 US HWY 41  
INVERNESS, FL 34450

**New Principal Place of Business:**

**Current Mailing Address:**

8660 E HENDERSON TR  
INVERNESS, FL 34450

**New Mailing Address:**

**FEI Number:** 59-3216733

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEAUDET, DONALD R  
5581 S. MARATHON TERRACE  
INVERNESS, FL 34452 US

**Name and Address of New Registered Agent:**

BEAUDET, DONALD R  
5581 S. MARATHON TERRACE  
INVERNESS, FL 34452 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/15/2004

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NAAS, CAROL L  
Address: 8660 E HENDERSON TR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: NAAS, STEVEN W  
Address: 8660 E HENDERSON TR  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN W NAAS

D

04/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date