

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 07, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000033602

1. Entity Name

DENTAL CONSULTING SERVICES, INC.



Principal Place of Business

139 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418 US

Mailing Address

139 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418 US



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0487839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENFELD, ALAN
139 VINTAGE ISLE LANE
PALM BEACH GARDENS, FL 33418

**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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ROSENFELD, ALAN
STREET ADDRESS	139 VINTAGE ISLE LANE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VPS
NAME	ROSENFELD, RITA L
STREET ADDRESS	139 VINTAGE ISLE LANE
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
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:

ALAN ROSENFELD
Alan Rosenfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-L-Phone #

7/1/04

561-630-9768