


**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED

**Jan 14, 2005 08:00 AM
Secretary of State**

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| DOCUMENT # P94000033602 1. Entity Name DENTAL CONSULTING SERVICES, INC. |  |
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| 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 |
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| DO NOT WRITE IN THIS SPACE |
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01032005 No Chg-P CR2E034 (10/03)

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| 4. FCI Number 65-0487839 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ROSENFELD, ALAN 139 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT ROSENFELD, ALAN 139 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS ROSENFELD, RITA L 139 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418 |
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| <p>UG00000180405 01/14/05-80004-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 1/3/05 561-630-9768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #