

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90015 007 \*\*\*150.00

**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**

**40058670**

2. Principal Place of Business - No P.O. Box #  
**7006 SPRINGVILLE COVE**

3. Mailing Address  
**7006 SPRINGVILLE COVE**

Suite, Apt. #, etc.



03212008 Chg-P CR2E034 (12/06)

City & State  
**BOYNTON BEACH, FL 334**

City & State  
**BOYNTON BEACH, FL 3**

Zip  
**33437**

Country  
**USA**

Zip  
**33437**

Country  
**USA**

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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7006 SPRINGVILLE COVE**  
City **BOYNTON BEACH** FL Zip Code **33437**

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)  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT ROSENFELD, ALAN 139 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7006 SPRINGVILLE COVE BOYNTON BEACH FL 33437</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS ROSENFELD, RITA L 139 VINTAGE ISLE LANE PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7006 SPRINGVILLE COVE BOYNTON BEACH, FL 33437</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ALAN ROSENFELD  
Alan Rosenfeld  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/21/08 Daytime Phone # 561-737-6955