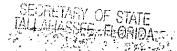
DENTAL TECHNIQUE OF WEST FLORIDA, INC

03 MAR 12 AM 9:32



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 166 CLEAR WATER LARGO RD	3. Mailing Address 166 CLFARWATER LARGO RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

1. Entity Name

DOCUMENT # P94000 040313

59-325 3142 5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent		
Name ALICIFALAS A MIGUE		
NICHOLAS A MAGIT		
Street Address (P.OBox Number-is-Not Acceptable)		
161 CIEDONATED 1406	2 N	

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NICHOLAS A MAGLET

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS DP TITLE

NICHOLAS A. MAGLI

19829 GULF BLYD #504

TITLE 800014410078 NAME 03/20/03--01047--001 **150.00 STREET ADDRESS

FNDIAN SHORES FL 33785

SUSAN MAGLE 19829 GILF BLYD #504 FNDIAN SHORES FL 33785

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

800014410078 03/20/03--01047--002 **150.00

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS City-St-Zip?~

DO NOT WRITE

IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIF

CITY-ST-ZIP

TITLE STREET ADDRESS

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-SI-ZIP

13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

NICHOLAS A.

CR2E034B (12/01)

DENTAL TECHNIQUE OF WEST FLORIDA, INC 10773 70TH AVE N SEMINOLE, FL 33772

December 20, 2002

Good Morning:

Enclosed is ck# 6010 for \$150 in payment of the Annual Report for Dental Technique of West Florida, Inc. The FEI # is 59-3253142.

I am requesting that the corporation be reinstated. I never received the original form or any other reminder notices. This is the first time in 8 years that something has happened to the mail. I wish I had a better explanation to give you but I don't. I just never received any forms from the Department of State.

Nothing has changed from the previous year's report. If I have to complete your form please send it to the above address and I will promptly return it to you.

If there are any questions, please call me at 727-391-3737.

Thank you for your understanding in this matter.

Nicholas A Magli/

President