

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 25 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039251

1. Entity Name  
BRIGHTEN DENTAL CARE, INC.



Principal Place of Business  
129 E. DANIA BEACH BLVD.  
DANIA, FL 33004

Mailing Address  
129 E. DANIA BEACH BLVD.  
DANIA, FL 33004



05212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
74-2766969

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GUPTA, CHANDER  
129 E. DANIA BEACH BLVD.  
DANIA, FL 33004

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GUPTA, CHANDER  
STREET ADDRESS 129 E. DANIA BEACH BLVD.  
CITY-ST-ZIP DANIA, FL 33004

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

100037338951  
05/26/04--01047--025 \*\*550.00

DO NOT WRITE  
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12M

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 9549224633