

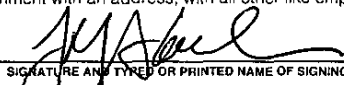


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000041146 1. Entity Name CASTLE DENTAL CENTERS OF FLORIDA, INC.						<div style="font-size: 24px; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 18px; opacity: 0.5;">04 JUN -2 PM 2:41</div> <div style="font-size: 12px; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
Principal Place of Business 324 EAST LAKE ROAD PALM HARBOR, FL 34685 US			Mailing Address 3701 KIRBY DRIVE SUITE 550 HOUSTON, TX 77098 US								
2. Principal Place of Business		3. Mailing Address		02192004 Chg-P CR2E034 (10/03)		4. FEI Number 76-0502609		Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		City & State		City & State			
City & State		City & State		Zip		Country		Zip			
Country		Country		Zip		Country		Zip			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 12px;"> 1.00057724371 06/07/04--01051--022 **558.75 </div> City <div style="text-align: right; font-weight: bold; font-size: 18px;">FL</div> Zip Code						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO USDAN, JAMES M 3701 KIRBY DRIVE #550 HOUSTON, TX 77098	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C David S. Lobel 3701 Kirby Drive, #550 Houston, TX 77098	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Interim CEO, S, P Slack, John M 3701 Kirby Drive, #550 Houston, TX 77098	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul F. Murphy 3701 Kirby Drive, #550 Houston, TX 77098	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO SLACK, JOHN M 3701 KIRBY DRIVE #550 HOUSTON, TX 77098	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank A. Baynham 3701 Kirby Drive, #550 Houston, TX 77098	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ira Glazer 3701 Kirby Drive, #550 Houston, TX 77098	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward L. Kuntz 3701 Kirby Drive, #550 Houston, TX 77098	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____								Date 5-28-04		Daytime Phone # 713-490-8400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											