


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000076242
 1. Entity Name
 DENT MEDIC INC.



Principal Place of Business Mailing Address
 3141 NW 108 DR 3141 NW 108 DR
 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03)

4. FC# Number Applied For
 65-0694889 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUTTON, MICHAEL A
 3141 NW 108 DR
 CORAL SPRINGS, FL 33065

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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____
Signature: Typed or printed name of registered agent and title, if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SUTTON, MICHAEL A 3141 NW 108 DR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SUTTON, GEORGINA 3141 NW 108 DR CORAL SPRINGS, FL 33065
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 02/09/04-80045-012 158.75

U000000047555
 02/12/04-80045-012 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 I/ke empowered.

SIGNATURE: Michael A. Sutton Date: 2/6/04 Daytime Phone #: 954 234 3368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR