

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P96000076242

1. Entity Name  
DENT MEDIC INC.



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

Mailing Address  
3141 NW 108 DR  
CORAL SPRINGS, FL 33065

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0694889

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P SUTTON, MICHAEL A
STREET ADDRESS	3141 NW 108 DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE NAME	V SUTTON, GEORGINA
STREET ADDRESS	3141 NW 108 DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000176845  
01/11/05-80013-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael Alec Sutton* 1-5-05 954  
234-3368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #