

# 2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90027 007 \*\*\*150.00

**DOCUMENT # P97000023888**

1. Entity Name

DENTAL CONCEPTS, INC.



Principal Place of Business

8761 THE ESPLONADE  
SUITE #25  
ORLANDO FL 32836

Mailing Address

8761 THE ESPLONADE  
SUITE #25  
ORLANDO FL 32836

2. Principal Place of Business

8761 The ESPLANADE

Suite, Apt. #, etc.

SUITE # 25

City & State

Orlando, FL

Zip  
32836

Country

USA

3. Mailing Address

8761 The ESPLANADE

Suite, Apt. #, etc.

Suite # 25

City & State

Orlando, FL

Zip  
32836

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0744359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIVODA, MARGARET  
9058 HARBOR ISLE DRIVE  
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name Margaret Vivoda

Street Address (P.O. Box Number is Not Acceptable)

8761 The Esplanade

Suite # 25

City

Orlando

FL

Zip Code

32836

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

Margaret Vivoda

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.14.05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME VIVODA, MARGARET  
STREET ADDRESS 9058 HARBOR ISLE DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE VP ☐ Delete  
NAME VIVODA, DARIO  
STREET ADDRESS 9058 HARBOR ISLE DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Margaret Vivoda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/05 4079963456