


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90020 047 \*\*\*150.00

<b>DOCUMENT # P97000028893</b> 1. Entity Name <b>DENTAL MART, INC.</b>	
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Principal Place of Business <b>1300 SEAWAY DRIVE STE A-6 FORT PIERCE, FL 34949</b>	Mailing Address <b>1300 SEAWAY DRIVE STE A-6 FORT PIERCE, FL 34949</b>
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**DO NOT WRITE IN THIS SPACE**



03282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0748620</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>BERTRAND, ROBERT J ONE LAKE MORTON DRIVE LAKELAND, FL 33801</b>
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**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's signature required when constituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARKHAM L 1300 SEAWAY DRIVE STE A-6 FORT PIERCE, FL 34949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, RUTH A 1300 SEAWAY DRIVE STE A-6 FORT PIERCE, FL 34949
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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:** Markham L. Murphy **Markham L. Murphy** 4-14-04 (561)461-8439  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Domicile Phone #