2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000057490

Entity Name: FLORIDA DENTAL CONSULTING, P.A.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4410 SHERIDAN ST 3055 HARBOR DRIVE

HOLLYWOOD, FL 330213514 1101

FORT LAUDERDALE, FL 33316 US

Current Mailing Address: New Mailing Address:

4410 SHERIDAN ST 3055 HARBOR DRIVE

HOLLYWOOD, FL 330213514 1101

FORT LAUDERDALE, FL 33316 US

FEI Number: 65-0862193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STOLL, STEVEN M 1117 PONCE DE LEON DR FORT LAUDERDALE, FL 333161360 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title: GLASSMAN, DAVID M D.D.S. GLASSMAN, DAVID M D.D.S. Name: Name: 4410 SHERIDAN ST Address: 3055 HARBOR DRIVE SUITE 1101 Address: City-St-Zip: HOLLYWOOD, FL 330213514 City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M GLASSMAN DR 01/05/2004