


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90254 042 ***150.00

DOCUMENT # P99000060198 1. Entity Name E.T. DENT-MED, INC.			
Principal Place of Business 1408 WEST 44TH STREET HIALEAH, FL 33012		Mailing Address 1408 WEST 44TH STREET HIALEAH, FL 33012	
2. Principal Place of Business 7275 NW 68 street Suite, Apt. #, etc. B-5 City & State MIAMI, FLORIDA Zip 33166 Country USA		3. Mailing Address 7275 NW 68 street Suite, Apt. #, etc. B-5 City & State MIAMI, FLORIDA Zip 33166 Country USA	
4. FEI Number 65-0931404		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOALA, VICTOR EUGENIO 1408 WEST 44TH STREET HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name EUGENIO D. TOALA Street Address (P.O. Box Number is Not Acceptable) 1408 WEST 44TH STREET HIALEAH, FL 33012 City FL Zip Code	
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 <u><i>Eugenio D. Toala</i></u> EUGENIO D. TOALA <u>2/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TOALA, VICTOR EUGENIO STREET ADDRESS 1408 WEST 44TH STREET CITY-ST-ZIP HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete	TITLE P NAME TOALA, EUGENIO D. STREET ADDRESS 1408 WEST 44TH STREET CITY-ST-ZIP HIALEAH, FL 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Eugenio D. Toala</i></u> EUGENIO D. TOALA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/3/05</u> 305-883-3181 <small>Date Daytime Phone #</small>	

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