FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT • CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996	See See	D
DOCUMENT #	V18609	

(0)

Corporation Name

ISLAND DENTAL HOLDINGS, INC.

|--|--|

							IO NON OPPHOR		191) ALBIT BIBIT 1981
Principal Place	of Business	Mailing Address							
1721 FLAGLI KEY WEST I		1721 FLAGLER AVE KEY WEST FL 330							
						3. Date Incorporated or Qualified 03/02/1992	3a. Date	of Last f 4/24/1	
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number 65-0330011			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
23 Zip	Country	Zip	Cou	untry		B. This corporation has liability for i	ntangible ta		
24	25	29	30	•		Florida Statutes			
:·L	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New R	egistered A	gent	
				81	Name				
EATON 1721 F	, M. H Lagler ave.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
	EST FL 33040			83					
				84	City		FL	85 2	Zip Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such chance was autho	rized by the	ove-na corpo	amed corpor ration's boa	ation submits this statement for the pur od of directors. I hereby accept the app	pose of cha pintment as	nging its registere	registered office ad agent. I am
SIGNATORE _	Signature, typed or printed name of registered agent		NOTE: Registere	o Agent	signature require	d when reinstating)	DATE.		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECT Change	
TITLE	D	DELETE	1	TITLE			L] Change	S LJ MOURION
NAME	EATON, MELVIN H., II			NAME					
STREET ADDRESS	1721 FLAGLER AVENUE				ADDRESS				
CITY - ST - ZIP	KEY WEST FL	Para a su a		CITY-ST	- ZIP			7 Change	Addition
TITLÉ	D DILLY IOC	DELETE		THLE			L] опанус	E HOOMON
NAME	MAYFIELD, BILLY JOE			NAME					
STREET ADDRESS	1721 FLAGLER AVENUE				ADDRESS				
CITY - ST - ZIP	KEY WEST FL	FT OF FIE		CITY-SI	-ZIP		-] Change	e Addition
TILE	D DETERM OF BERT A	DELETE		TITLE		•			, LJ Modition
NAME	Peters, Gilbert A. 1721 Flagler Avenue			NAME					
STREFT ADDRESS	KEY WEST FL				ADDRESS				
CI'Y-ST-ZIP	NET WEST FL	DELETE		CITY - ST	- ZIP			7 Change	e 🔲 Addition
1PLE		□ officie		NAME			L	9	
NAME			1		ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		☐ DELE1E		CITY-ST TITLE	-21		Γ	Change	e Addition
TITLE		E OCCCIO		NAME		<i>[</i> /	•	_ •	
NAME					ADDRESS	/ //			
STREET ADDRESS				CITY-SI		<i> </i>			
CITY-ST-ZIP TITLE		DELETE		TITLE		1-//		Chang	e Addition
				NAME	1//	/ //	•		
NAME CIRCEL ADDRESS				STREET	ADDES	/ //			
STREET ADDRESS				CITY - S]	11/1	' //			
CHY-ST-ZIP	y certify that the information supplied	with this filing is voluntarily f	urnished and	d do	s post qualify	for the exemption stated in Section 119	.07(3)(k), Flo	rida Sta	tutes. I further

4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is truy 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 empty reject to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OFFICER OFFICER

Daytime Phone #