



Office of the Secretary of State

Matthew A. Brown, Secretary of State

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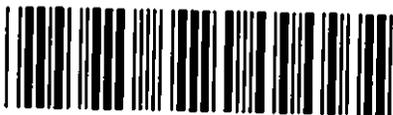
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 137599		2. Name of Corporation Spartan Dental, Inc.			
3. Street Address Principal Business Office 1360 Park Avenue Suite E			City Cranston	State RI	Zip 02920
4. Business Phone No 401-383-7569		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF DENTISTRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elias G. Kontros			Vice President Name Elias G. Kontros		
Street Address 40 Bluebird Lane			Street Address 40 Bluebird Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Elias G. Kontros			Treasurer Name Elias G. Kontros		
Street Address 40 Bluebird Lane			Street Address 40 Bluebird Lane		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elias G. Kontros			Director Name		
Street Address 40 Bluebird Lane			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common	No Par	100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED
MAR 14 2005
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/10/05
Signature of Officer Date
Elias G. Kontros
Print or Type Name of Officer
President
Title of Officer