Washington, D.C. 20549								3235 0104 Novembe 30, 2011 average Jrs per
(Print or Type Responses) 1. Name and Address of Reporting Person - ROSEN STEVEN A (Last) (First) C/O UNIQUE DENTA CARE, 16-26 BELL B (Street) BAYSIDE, NY 11360	(Middle) AL 3LVD.	2. Date of E Requiring S (Month/Day 10/29/200	Statement r/Year)	LADENB SERVICI 4. Relations Person(s) t (Check XDirector	BURG THAES INC [L] ship of Repo o Issuer all applicabl	e) 6 6 6 6 6 7 10 10 10 10 10 10 10 10 10 10 10 10 10	FINANCIA Amendment nal Filed(Mon lividual or Jo (Check Applica orm filed by On	, Date th/Day/Year) Dint/Group ble Line) e Reporting
(City) (State) 1.Title of Security (Instr. 4)	(Zip)	Tabl	2. Amount		3.	4. Nature of Ownership (Instr. 5)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Date Exer	rcisable	3. Title and Amount		4.	5.	6. Nature of
Security	and Expiration Date		of Securities		Conversion	Ownership	Indirect Beneficial
(Instr. 4)			Underlying		or	Form of	Ownership
			Derivative Security			Derivative	(Instr. 5)
			(Instr. 4)			Security:	
	Date Expiration Exercisable Date	Expiration		Amount or Number of		Direct (D)	
						or Indirect	
		Date				(I)	
				Shares		(Instr. 5)	

Reporting Owners

Reporting Owner Name / Address	Relationships					
hepotting owner name / Address	Director	10% Owner	Officer	Other		

Signatures

/s/ Steven A. Rosen

11/04/2004 Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.