

(Print or Type Responses)

1. Name and Address of Reporting

## UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL					
OMB	3235-				
Number:	0104				
Estimated average					
burden hours per					
response	0.5				

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Person – Statement SOPONIS MENTO (Month/Day/		h/Day/Year	)	ORAGENI						
(Last) (First) (Middl 4730 S.W. 103RD WAY	02/27	7/2004		Person(s) to I	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) GAINESVILLE, FL 32608				X Director X Officer (gi	all applicable)  ve = 10% O Other ( below)  lent and CEO	wner specify Fili				
(City) (State) (Zip)	)	Table I - Non-Derivative Securities Beneficially Owned						Owned		
1.Title of Security (Instr. 4)		Ben		t of Securities lly Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	Ownership		ect Beneficial		
Common Stock		1,1	20,13	33	D					
	respond t to respond	o the colle I unless th	ectior ne for	n of information m displays a cu	contained i irrently valid	n this for I OMB co	ntrol	SEC 1473 (7-02)		
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		ion Date	Secu	tle and Amount of rities Underlying vative Security :. 4)	Conversio or Exercis Price of	e Form o Derivat	mership m of (	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Security Direct ( or Indir (I) (Instr. 5	(D) rect			
Reporting Owners										

Relationships

President and CEO

Other

Director 10% Owner Officer

X

## **Signatures**

SOPONIS MENTO 4730 S.W. 103RD WAY

/s/ Mento Soponis	02/27/2004
**Signature of Reporting Person	Date

Reporting Owner Name / Address

GAINESVILLE, FL 32608

## **Explanation of Responses:**

- \* 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.