

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 623399

FILED  
Jul 10, 2004  
Secretary of State

Entity Name: E.A. FROMEN ORTHODONTIC LAB, INC.

**Current Principal Place of Business:**

2115 SE LENNAXD RD  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

2115 SE LENNARD RD  
PORT SAINT LUCIE, FL 34952 US

**Current Mailing Address:**

2115 SE LENNAXD RD  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

2115 SE LENNARD RD  
PORT SAINT LUCIE, FL 34952 US

FEI Number: 59-1915814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KACZMAREK, JOHN C., P.A.  
900 N. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FROMEN, EDWARD A.,  
Address: 6556 NW 87TH AVE.  
City-St-Zip: PARKLAND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FROMEN, EDWARD A.,  
Address: 237 S.W. FERNLEAF TR  
City-St-Zip: PT. ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD A. FROMEN

PRES

07/10/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date