

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75175

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** GILLIAM DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

925 HIGH POINT DRIVE  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

925 HIGH POINT DRIVE  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-2358759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES & ZELMAN, P.A.  
1207 THIRD STREET SOUTH,  
SUITE 8, CAMARGO HOUSE  
NAPLES, FL 33940 US

**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

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: GILLIAM, KEITH WAYNE  
Address: 6240 WAXMYRTLE WAY  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: KEITH W. GILLIAM

PRES

03/15/2011

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

\_\_\_\_\_ Date