

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000073391

Entity Name: SUN DENTAL LABORATORIES, INC.

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

13577 FEATHER SOUND DRIVE  
SUITE 110  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

4908 CREEKSIDE DRIVE  
SUITE B  
CLEARWATER, FL 33760 US

**Current Mailing Address:**

2502 N ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 20-1088015      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HENDEE, BRETT ESQ.  
2502 N. ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: DIASTI, DEREK T  
Address: 2502 N ROCKY POINT DR, STE 1000  
City-St-Zip: TAMPA, FL 33607 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEREK T DIASTI

PRES

04/15/2009

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

\_\_\_\_\_ Date