

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011376

FILED
Feb 22, 2010
Secretary of State

Entity Name: CUSTOM DENTAL LAB SERVICES, INC.

Current Principal Place of Business:

926 GREAT POND DR.
2004
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

926 GREAT POND DR.
2004
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3424428 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATSUR, JAMES T
926 GREAT POND DRIVE
2003
ALTAMONTE SPRINGS, FL 32714 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: T
Name: KATSUR, JAMES T DR.
Address: 926 GREAT POND DR. SUITE 2004
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S
Name: GREENBERG, ANDREW DR.
Address: 926 GREAT POND DR. SUITE 2004
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: P
Name: MCCANN, MICHAEL
Address: 926 GEAT POND DRIVE, SUITE 2004
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: MICHAEL MCCANN

P

02/22/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date