

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G75175

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

**Current Principal Place of Business:**

925 HIGH POINT DRIVE  
NAPLES, FL 34103

**Current Mailing Address:**

925 HIGH POINT DRIVE  
NAPLES, FL 34103

**FEI Number: 59-2358759**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

Title            PTS  
Name            GILLIAM, KEITH WAYNE  
Address        6240 WAXMYRTLE WAY  
City-State-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**

**PTS**

**02/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date