

2017 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

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date