

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000073446

**FILED  
Jul 27, 2020  
Secretary of State  
2072727402CC**

**Entity Name:** SYBRON DENTAL SPECIALTIES, INC.

**Current Principal Place of Business:**

200 S. KRAEMER BLVD.  
BLDG. E  
BREA, CA 92821

**Current Mailing Address:**

200 S. KRAEMER BLVD.  
BLDG. E  
BREA, CA 92821 US

**FEI Number:** 33-0920985

**Certificate of Status Desired:** No

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

CT CORPORATION  
818 WEST SEVENTH STREET  
SUITE 930  
LOS ANGELES, FL 90017 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 ASSISTANT SECRETARY  
Name TURNER, HEATHER  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title PRESIDENT  
Name ERIKSSON, PATRIK  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title VP  
Name KAABI, FAEZ  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title VP  
Name TAN-BALANAY, CHARMAINE  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title VP  
Name TURNER, HEATHER  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title VICE PRESIDENT & TREASURER  
Name BEDFORD, JOHN  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title VICE PRESIDENT & SECRETARY  
Name NANCE, MARK  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

Title DIRECTOR  
Name BEDFORD, JOHN  
Address 200 S. KRAEMER BLVD.  
BLDG. E  
City-State-Zip: BREA CA 92821

**Continues on page 2**

*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:** HEATHER TURNER

**ASSISTANT SECRETARY 07/27/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            KAABI, FAEZ  
Address        200 S. KRAEMER BLVD.  
                  BLDG. E  
City-State-Zip: BRE A CA 92821