

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100458

**Entity Name:** CLAYWELL DENTAL LAB, INC.

**Current Principal Place of Business:**

104 W. SENECA AVE  
SUITE 2  
TAMPA, FL 33612

**FILED**  
**Feb 18, 2013**  
**Secretary of State**  
**CC4081775024**

**Current Mailing Address:**

104 W. SENECA AVE  
SUITE 2  
TAMPA, FL 33612 US

**FEI Number: 65-0800201**

**Certificate of Status Desired: No**

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

CLAYWELL, HENRY A  
13922 CLUB HOUSE CIRCLE  
TAMPA, FL 33618-7504 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	P	Title	ST
Name	CLAYWELL, HENRY A	Name	CHAMBERS, CINDY
Address	13922 CLUB HOUSE CIRCLE	Address	10121 N WILLOW AVENUE
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33612

*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: HENRY CLAYWELL**

**PRESIDENT**

**02/18/2013**

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

\_\_\_\_\_  
Date