

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V35106

**Entity Name:** SMITH/HAIST DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

2660 WEST LAKE RD  
SUITE 1  
PALM HARBOR, FL 34684

**Current Mailing Address:**

2660 WEST LAKE RD  
SUITE 1  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-3123032

**Certificate of Status Desired:** No

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

SMITH, TIMOTHY R  
2660 W. LAKE RD.  
PALM HARBOR, FL 34684 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	PD	Title	VTD
Name	SMITH, TIMOTHY R.	Name	HAIST, SCOTT J.
Address	2660 WEST LAKE RD	Address	2660 WEST LAKE RD
City-State-Zip:	PALM HARBOR FL	City-State-Zip:	PALM HARBOR FL

*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:** TIMOTHY R SMITH

**PRESIDENT**

**01/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date