2006 FOR PROFIT CORPORATION

Apr 19, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #284675** 04-19-2006 90084 008 ***150.00 1. Entity Name CIPRIS & WALKER DENTAL LABORATORY INC 40000 Principal Place of Business Mailing Address 923 W. DIXIE AVE. 923 W. DIXIE AVE. LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-1056200 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIPRIS JR, FRANK J Street Address (P.O. Box Number is Not Acceptable) 923 W DIXIE AVE LEESBURG, FL 34748 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE Delete TITLE ☐ Addition NAME CIPRIS JR, FRANK J NAME 923 W. DIXIE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE CIPRIS, CLAIRE NAME NAME 923 W. DIXIE AVE. STREET ADDRESS STREET ADDRESS CHY-SI-ZIP LEESBURG, FL CITY-ST-ZIP ☐ Chance TITLE ☐ Delete TITLE ☐ Addition CIPRIS,CLAIRE NAME NAME 923 W. DIXIE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL CITY-\$1-ZIP Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with in address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

☐ Delete

FILED

Change

☐ Addition