FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	C. C.	DIVISION OF	CONFORATIONS				
DOCUM		'08	(5)					
•	ECH DENTAL LABORATO	RY. INC.	, ,					
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Principal Place o	of Business	Maile	V. Addroop					
	AL MEDICAL BLVD		ng Address	NOAL DUID				
BOX 10			2544 Capital Med Box 10	JICAL BLVD				
TALLAHASS	SEE FL 32308	1	TALLAHASSEE FL :	32308	3. Date Incorporated or Qualified	d [3a , Da	ite of Last F	Report
					01/10/1966		05/01/	
2. Principal Plac	ce of Business	F1	lailing Address		4. FEI Number			Applied For
Suite, Apt. #,	elc	26	uite, Apt. #, etc.		59-1111565			Not Applicable
2		27	uno, Apr. #, etc.		5. Certificate of Status Desired			5 Additional Required
City & State			rty & State		6. Election Campaign Financing			May Be
7.0	Country	28			Trust Fund Contribution		Adde	d to Fees
Zip [4]	Country 25	Z _I 29	þ	Country 30	8. This corporation has liability to Florida Statutes	or intangible 'es □No	tax under s	199.032,
	9. Name and Address of Curre	1	ed Agent	1301	10. Name and Address of New		i Agent	
				81 Name				
WARD,				82 Street Ad	ddress (P.O. Box Number is Not Accept	lable;		
2044 U BOX 10	APITAL MEDICAL BLVD			83				
	HASSEE FL 32308			63				
INEEDI POOLE I E USUUU							85 Z	p Code
Indian	MODEL I E 32300			84 City		FI	05 -	,
		02 and 607.19	508, Florida Statuti jange was authoriz	1 1 - 3	poration submits this statement for the p	Flourpose of c		•
11. Pursuant to or registered familiar with	the provisions of Sections 607.050 d agent, or both, in the State of Flor , and accept the obligations of, Sec			es, the above named corpled by the corporation's bo	poration submits this statement for the popular of directors. I hereby accept the ap	ourpose of co oppointment a		•
11. Pursuant to or registered familiar with SIGNATURE si		ntanelithe it apple	ates INC	es, the above named corpored by the corporation's bo	mosel veries a resussitating)	ourpose of di oppointment a	hanging its i	registered office d agent. I am
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SIGNATURE: __

SIGNATURE AND TYPED OR PRIN ED NAME OF SIGNING OFFICER OR DIRECTOR.

Date Daylin's Prime *

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