

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 393604

FILED  
Jan 26, 2010  
Secretary of State

Entity Name: LEFFEL DENTAL LAB, INC.

**Current Principal Place of Business:**

524 OCEAN AVE  
MELBOURNE BCH, FL 32951 US

**New Principal Place of Business:**

**Current Mailing Address:**

524 OCEAN AVE  
MELBOURNE BCH, FL 32951 US

**New Mailing Address:**

FEI Number: 59-2690006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DONALD LEFFEL  
524 OCEAN AVENUE  
MELBOURNE BEACH, FL 32951 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: LEFFEL,DONALD  
Address: 524 OCEAN AVE  
City-St-Zip: MELBOURNE BCH, FL 32951

Title: SD  
Name: ELY, LISA  
Address: 524 OCEAN DR  
City-St-Zip: MELBOURNE BCH, FL 32951

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: LISA ELY

SD

01/26/2010

Electronic Signature of Signing Officer or Director

Date