FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 515974 (4)

1. Corporate Name
WESTSIDE DENTAL LAB, INC.

Principal Place of Business
3780-1 BLANDING BLVD.
JACKSONVILLE FL 32210

Mailing Address
3780-1 BLANDING BLVD.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1976
3a. Date of Last Report: 03/18/1994

2. Principal Place of Business — 21
Suite Apt. # — 22
City, State — 23
24 25

2a. Mailing Address — 26
Suite Apt. # — 27
City, State — 28
29 30

4. FEI Number: 59-1687923 — Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has elected to be governed by Chapter 607, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
JINKS,ROBERT E.
3780-1 BLANDING BOULEVARD
JACKSONVILLE 32210

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The character of business of the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and I hereby accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	JINKS, ROBERT E.	NAME	
STREET ADDRESS	3780-1 BLANDING BLVD.	STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	
TITLE	ST	TITLE	☐ Change ☐ Addition
NAME	KURAMOTO,TOM	NAME	
STREET ADDRESS	5625 RAINEY AVE., S.	STREET ADDRESS	
CITY, ST, ZIP	ORANGE PARK FL	CITY, ST, ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	JINKS, GEORGIA P.	NAME	
STREET ADDRESS	3783 SUDBURY AVENUE	STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 12 or Block 13 (if changed) or is attached with any addition.

SIGNATURE: [signature] 4-17-95 904 772 8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0016076 CP