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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996	See 11 15	DIVISION OF CORPORATIONS						
1. Corporatio	n Name	520484	•	7)					
NORT	HLAKE DENTAL	. Laborator	RY, INC.				(), <b>6:60:16</b> :11	ANDER AND NI BORNE BORNE I	
Principa' Piace	e of Business		Mailing Address	·					
2001 BOMAR DRIVE			2001 BOMAR DRIVE						
PGA SQUAR	re 'H gardens fl 33408	4	PGA SOUARE	GADDENIC EL 90	100				
Principal Place of Business			PALM BEACH GARDENS FL 33408			3. Date Incorporated or Qualified 12/16/1976 3a. Date of Last Report 02/21/1995			· ·
i riinoparei	HIGH OF BUSINESS		2a. Mailing Addre	958		4. FEI Number			Applied For
Suite, Apt.	#. etc		Suite, Apt. #,	etc.	<del></del>	59-1709815		60	Not Applicable 75 Additional
	· · · · · · · · · · · · · · · · · · ·		27			5. Certificate of Status D	Desired		ee Required
Orty & Stale	е		City & State			6. Election Campaign Fir		<b>\$</b> 5	.00 May Be
T	Cou	untry	7 <sub>(p)</sub>	T - Cc	ountry	Trust Fund Contribution		Ac	ided to Fees
]	25		29	30	on My	This corporation has in Florida Statutes	iability for in		rs 199.032,
	9. Name and Ad	dress of Current	Registered Agent			10. Name and Address			*
LIADTA	411 110014444				81 Name		***	<del></del>	· · · · · · · · · · · · · · · · · · ·
2001 BC	AN, NORMAN G. DMAR DRIVE	F4 <b>4</b> 0.400				dress (P.O. Box Number is Not	Acceptable	9)	
PALM D	EACH GARDENS I	FL 33408			83				
					84 City			FL 85	Zip Code
familiar wit	th, and accept the ob-	rue State of Florida	a. Such change was a					, , , , , , , , , , , ,	io logicionale offici
IGNATURE _	Signatine, typed or pensed na	, <b>, , , , , , , , , , , , , , , , , , </b>	ar sor loose, riolida e	Statutes.	corporation's box	oration submits this statement f and of directors. I hereby accept	t the appoi	ntment as register	red agent. I am
GNATURE	Signatine, typed or printed na	, <b>, , , , , , , , , , , , , , , , , , </b>	nd title if applicable	(NOTE Registere	d Agent signature requir	ard of directors, I hereby accep	ot the appoi	ntment as register	
IGNATURE 2.	Signature, typed or percedual	one of registered agent as OFFICERS AND	nd title if aposicable	(NOTE Registere  13.  1 1.1	d Agent signature requir	ard of directors. Thereby accept	ot the appoi	ntment as register	TORS IN 12
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SIGNATURE: Moman Hartman