

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 573116

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** BRLIT DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

4232 MCINTOSH LANE  
SARASOTA, FL 342325027

**New Principal Place of Business:**

**Current Mailing Address:**

4232 MCINTOSH LANE  
SARASOTA, FL 342325027

**New Mailing Address:**

**FEI Number:** 59-1824266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRLIT, EMIL  
4232 MCINTOSH LANE  
SARASOTA, FL 33582 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BRLIT, EMIL  
**Address:** 4119 GREEN TREE AVE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** TD  
**Name:** BRLIT, ELENA  
**Address:** 4119 GREEN TREE AVE  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** VP  
**Name:** PECHAR, ELEONARA M  
**Address:** 3948 BERLIN DRIVE  
**City-St-Zip:** SARASOTA, FL 34233

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:** EMIL BRLIT

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date