

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587193

FILED  
Apr 11, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2335 9TH ST. NORTH  
MOORINGS PROF. BLDG. #202B  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2335 9TH ST. NORTH  
MOORINGS PROF. BLDG. #202B  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-1848899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEIDNER, LARRY ALBERT  
4391 7TH AVE. SW  
NAPLES, FL 34119 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: PD  
Name: WEIDNER, LARRY ALBERT  
Address: 4391 7TH AVE. SW  
City-St-Zip: NAPLES, FL 34119

Title: SD  
Name: WEIDNER, LINDA LEA  
Address: 4391 7TH AVE. SW  
City-St-Zip: NAPLES, FL 34119

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: LARRY WEIDNER

PD

04/11/2011

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

\_\_\_\_\_  
Date