


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 626626 |  |
| 1. Entity Name MACRO DENTAL LABORATORIES, INC. | |

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| Principal Place of Business 3544 EDGEWATER DRIVE ORLANDO, FL 32804 | Mailing Address 3544 EDGEWATER DRIVE ORLANDO, FL 32804 |
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1910139 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent EICHER, ROBERTA S. 1500 BERKSHIRE AVENUE WINTER PARK, FL 32789 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD EICHER, JEFFREY M. 1500 BERKSHIRE AVE WINTER PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EICHER, ROBERTA S. 1500 BERKSHIRE DRIVE WINTER PARK FL, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STEIGERWALD, ALBERT J 859 PALMER AVE WINTER PARK FL, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|--|----------------|---------------------------------|
| SIGNATURE: <u><i>Roberta S. Eicher</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4-8-04 Date | 407-423-8939 Daytime Phone # |
|--|----------------|---------------------------------|