

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001654

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** WEBCO DENTAL AND MEDICAL SUPPLIES, INC.

**Current Principal Place of Business:**

10961 SR 52  
101-102  
HUDSON, FL 34669

**New Principal Place of Business:**

**Current Mailing Address:**

320 SOUTH MAIN STREET  
PHILLIPSBURG, NJ 08865

**New Mailing Address:**

**FEI Number:** 26-1372566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COOLEY, CHRISTOPHER K  
10961 SR 52  
101-102  
HUDSON, FL 34669 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: CPST  
Name: LISMAN, CLIFFORD G DMD  
Address: 320 SOUTH MAIN STREET  
City-St-Zip: PHILLIPSBURG, NJ 08865

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: CLIFFORD G LISMAN

PRES

01/27/2012

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

\_\_\_\_\_  
Date