

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F26561

FILED
Jan 19, 2010
Secretary of State

Entity Name: LAWTON DENTAL LABORATORY, INC.

Current Principal Place of Business:

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE #400
WINTER PARK, FL 327923211

New Principal Place of Business:

% LAWTON ORTHODONTICS
201 N LAKEMONT AVENUE #400
WINTER PARK, FL 327923211

Current Mailing Address:

% THOMAS C LAWTON, D.M.D.
201 N LAKEMONT AVENUE
WINTER PARK, FL 327923211

New Mailing Address:

% LAWTON ORTHODONTICS
201 N LAKEMONT AVENUE #400
WINTER PARK, FL 327923211

FEI Number: 59-3080896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWTON, THOMAS C., DMD
201 N LAKEMONT AVENUE
#400
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

LAWTON, BRETT T D
201 N LAKEMONT AVENUE
#400
WINTER PARK, FL 32792 US

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: BRETT T LAWTON, DMD, MS

01/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: LAWTON, BRETT T D
Address: 201 N LAKEMONT AVE #400
City-St-Zip: WINTER PARK, FL 32792

Title: PST
Name: LAWTON, THOMAS C PST
Address: 201 N LAKEMONT AVE #400
City-St-Zip: WINTER PARK, FL 32792

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: BRETT T LAWTON, DMD, MS

D

01/19/2010

Electronic Signature of Signing Officer or Director

Date