

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F81208

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** GENERAL DENTAL LABORATORY, INCORPORATED

**Current Principal Place of Business:**

7227 AUGUSTA BLVD  
SEMINOLE, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

7227 AUGUSTA BLVD  
SEMINOLE, FL 33777

**New Mailing Address:**

**FEI Number:** 59-2191216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROUHANI, KAMBIZ  
7227 AUGUSTA BLVD  
SEMINOLE, FL 33777 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: D  
Name: ROUHANI, KAMBIZ  
Address: 7227 AUGUSTA BLVD  
City-St-Zip: SEMINOLE, FL 33777

Title: DSP  
Name: ROUHANI, FARAH  
Address: 7227 AUGUSTA BLVD  
City-St-Zip: SEMINOLE, FL 33777

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: KAMBIZ ROUHANI

MR.

01/04/2011

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

\_\_\_\_\_  
Date