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FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J23273

(2)

1. Corporation Name

M & B DENTAL LAB, INC.

Principal Place of Business

29605 U.S. HWY 19 N. SUITE 180  
CLEARWATER FL 34621-9140

Mailing Address

29605 U.S. HWY 19 N. SUITE 180  
CLEARWATER FL 34621-2140

3. Date Incorporated or Qualified

07/09/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2702664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, ELISA A.  
29605 U. S. 19 NORTH #180  
CLEARWATER FL 34621

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDS ☐ DELETE

NAME GREENBERG, ELISA A.  
STREET ADDRESS 29605 U.S. HWY 19 N #180  
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME GREENBERG, MELISSA F.  
STREET ADDRESS 1609 HAMPTON CT.  
CITY-ST-ZIP SAFETY HARBOR FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GREENBERG, LESTER  
STREET ADDRESS 29605 U.S. HWY 19 N #180  
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)