

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # J41063**

1. Entity Name  
**IMPRESSIONS DENTAL LAB, INC.**



Principal Place of Business  
**107 GLENWOOD AVE  
SATELLITE BEACH, FL 32937**

Mailing Address  
**107 GLENWOOD AVE  
SATELLITE BEACH, FL 32937**

**DO NOT WRITE IN THIS SPACE**



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2731934**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEGELMAN, ELLEN C  
106 OSPREY CT  
MELBOURNE, FL 32940**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	SIEGELMAN, ELLEN C
STREET ADDRESS	107 GLENWOOD AVE
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	S
NAME	SIEGELMAN, ELLEN C
STREET ADDRESS	107 GLENWOOD AVE
CITY-ST-ZIP	SATELLITE BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000581336  
01/10/07-60084-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Ellen C Siegelman Ellen C Siegelman 1/6/07 3212539792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #