

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41063

FILED
Apr 21, 2011
Secretary of State

Entity Name: IMPRESSIONS DENTAL LAB, INC.

Current Principal Place of Business:

107 GLENWOOD AVE
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

107 GLENWOOD AVE
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 59-2731934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIEGELMAN, ELLEN C
106 OSPREY CT
MELBOURNE, FL 32940 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: DPT
Name: SIEGELMAN, ELLEN C
Address: 107 GLENWOOD AVE
City-St-Zip: SATELLITE BCH, FL 32937

Title: S
Name: SIEGELMAN, ELLEN C
Address: 107 GLENWOOD AVE
City-St-Zip: SATELLITE BCH, FL 32937

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: ELLEN C SIEGELMAN

DPT

04/21/2011

Electronic Signature of Signing Officer or Director

Date