

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J41063

**FILED**  
**Sep 07, 2012**  
**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 ( )**

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

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

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

EBERLE, MICHAEL E  
121 SE FIRST STREET  
SATELLITE BEACH, FL 32937 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: MICHAEL E EBERLE

09/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EBERLE, MICHAEL E  
Address: 121 SE FIRST STREET  
City-St-Zip: SATELLITE BCH, FL 32937

Title: ST  
Name: CONNELL, CATHY D  
Address: 121 SE FIRST STREET  
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: MICHAEL E EBERLE

P

09/07/2012

Electronic Signature of Signing Officer or Director

Date