2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K06069** 1. Entity Name PORTER DENTAL LABORATORY, INC. Principal Place of Business Mailing Address 1025 N FLORIDA MANGO RD #3 1025 N FLORIDA MANGO RD #3 W PALM BCH. FL 33409 W PALM BCH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0028955 Zip Country Ζiρ Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent =-PORTER, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 1025 N. FLA. MANGO RD #3 W. PALM BEACH FL 33409 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State

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OFFICERS AND DIRECTORS

PORTER, RICHARD T.

W. PALM BEACH FL

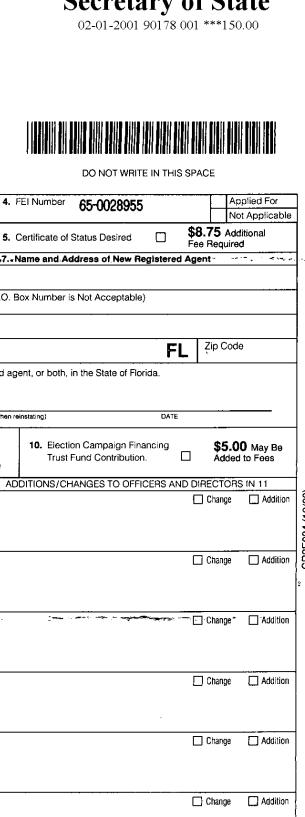
PORTER, CAROLE

W PALM BCH. FL

1025 N. FLA. MANGO RD #3

1025 N FLA. MANGO RD #3

FILED Feb 01, 2001 8:00 am Secretary of State



13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

12.

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SIGNATURE

11.

TITLE

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NAME STREET ADDRESS

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Chud - Garte RICHARD TORTER 1-25-01

561-640-9080

Daytime Phone #