

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # K62982

(9)

1. Corporation Name

BAYSIDE DENTAL LAB, INC.

95 APR 27 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7210 RED ROAD
STE 208
SOUTH MIAMI FL 33143
US

Mailing Address

7210 RED ROAD
STE 208
SOUTH MIAMI FL 33143
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/02/1989

3a. Date of Last Report
04/12/1994

4. FEI Number
65-0098126

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

YIN, SHIN C
10069 SW 218 ST
MIAMI FL 33190

10. Name and Address of Now Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code
33190

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME YIN, SHIN CHAIN
STREET ADDRESS 10069 S.W. 218TH ST.
CITY - ST - ZIP MIAMI FL

TITLE STD
NAME MAUSHARDT, THERESA A
STREET ADDRESS 10069 S.W. 218TH ST.
CITY - ST - ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition
12 NAME YIN, SHIN CHAIN
13 STREET ADDRESS 10069 SW 218TH ST
14 CITY - ST - ZIP MIAMI, FL 33190

21 TITLE STD ☒ Change ☐ Addition
22 NAME MAUSHARDT, THERESA A.
23 STREET ADDRESS 10069 SW 218TH ST
24 CITY - ST - ZIP MIAMI, FL 33190

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

SHIN C. YIN

4/24/95

(305) 665-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone #