

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75438

Entity Name: HEALY DENTAL LAB, INC.

FILED  
Feb 08, 2011  
Secretary of State

**Current Principal Place of Business:**

117 SE MONTGOMERY PLACE  
LAKE CITY, FL 320256288 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 1971  
LAKE CITY, FL 320561971 US

**New Mailing Address:**

FEI Number: 65-0107369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HEALY, GLEN R.  
117 SE MONTGOMERY PLACE  
LAKE CITY, FL 320256288 US

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

HEALY, GLEN R.  
117 SE MONTGOMERY PLACE  
LAKE CITY, FL 320256288 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: GLEN R HEALY

02/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HEALY, GLEN R  
Address: PO BOX 1971  
City-St-Zip: LAKE CITY, FL 320561971

Title: DS  
Name: HEALY, BETTIE A  
Address: PO BOX 1971  
City-St-Zip: LAKE CITY, FL 320561971

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: GLEN R HEALY

PRES

02/08/2011

Electronic Signature of Signing Officer or Director

Date