FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L35686** **(9)**

1. Corporation Name

FUNCTIONAL PROSTHETICS DENTAL LAB, INC.

Principal Place of Business	Mailing Address
3607 ORLANDO AVE SANFORD FL 32773 US	3607 ORLANDO AVE SANFORD FL 32773 US

3. Date Incorporated or Qualified: **12/12/1989**

3a. Date of Last Report: **04/06/1995**

4. FEI Number: **59-2986460** ☐ 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 1769 Grassington Way S.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Fl.
Zip 24 32223-5007 Country 25 Duval

2a. Mailing Address

26 1769 Grassington Way S.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl.
Zip 29 32223-5007 Country 30 Duval

9. Name and Address of Current Registered Agent

WAMBOLDT, ROBERT D.
3607 ORLANDO AVE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1769 Grassington Way S.
83
84 City Jacksonville FL 85 Zip Code 32223

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1-1 TITLE	☒ Change ☐ Addition
NAME	WAMBOLDT, ROBERT D.		1-2 NAME	
STREET ADDRESS	3607 ORLANDO AVE		1-3 STREET ADDRESS	1769 Grassington Way S.
CITY-ST-ZIP	SANFORD FL		1-4 CITY-ST-ZIP	Jacksonville, Fl. 32223-5007
TITLE	DV	☐ DELETE	2-1 TITLE	☒ Change ☐ Addition
NAME	WAMBOLDT, SUSAN		2-2 NAME	
STREET ADDRESS	3607 ORLANDO AVE		2-3 STREET ADDRESS	1769 Grassington Way S.
CITY-ST-ZIP	SANFORD FL		2-4 CITY-ST-ZIP	Jacksonville, Fl. 32223-5007
TITLE		☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME			3-2 NAME	
STREET ADDRESS			3-3 STREET ADDRESS	
CITY-ST-ZIP			3-4 CITY-ST-ZIP	
TITLE		☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

CR2E034 (12/95)

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 119.07(3)(i), 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 added to the report with an address.

SIGNATURE: Robert D. Wamboldt Robert D. Wamboldt 3/21/96 260-4903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone