

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M67776

FILED  
Feb 04, 2010  
Secretary of State

Entity Name: DCS DENTAL LAB, INC.

**Current Principal Place of Business:**

C/O DENNIS S. SARTORIS  
8842 GOODBY'S EXEC. DR.  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DENNIS C. SARTORIS  
8842 GOODBY'S EXEC. DR.  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

C/O DENNIS S. SARTORIS  
8842 GOODBY'S EXEC. DR.  
JACKSONVILLE, FL 32217 US

FEI Number: 59-2867717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SARTORIS, DENNIS C.  
8842 GOODBY'S EXEC. DR.  
JACKSONVILLE, FL 32217 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: SARTORIS, DENNIS C.  
Address: 8842 GOODBY'S EXEC. DR.  
City-St-Zip: JACKSONVILLE, FL

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: DENNIS C. SARTORIS

MR.

02/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date