2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# M68215

Entity Name: JOHNSON'S DENTAL LABORATORY, INC.

Current Principal Place of Business:

TRAFALGAR SQUARE
1859 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

ESPLANADE MEDICAL CENTER
935 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

TRAFALGAR SQUARE
1859 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Mailing Address:

ESPLANADE MEDICAL CENTER
935 N. UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0060260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAILEY, ABE E P.A.
THE CHASYN BUILDING
20401 NORTHWEST SECOND AVENUE, SUITE 206
MIAMI, FL 33169 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, KENNETH
Address: 5325 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ST ( ) Delete
Name: JOHNSON, KAREN
Address: 5325 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D. (X) Change ( ) Addition
Name: JOHNSON, KENNETH
Address: 5325 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D. (X) Change ( ) Addition
Name: MASTEN, ANTHONY B
Address: 4711 NW. 60TH LANE
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY B. MASTEN D. 03/11/2005

Electronic Signature of Signing Officer or Director Date