

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89506

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** LARRY'S DENTAL LAB, INC.

**Current Principal Place of Business:**

100 W HOLLY DR  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

100 W HOLLY DR  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 59-2903084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAUFL, LARRY  
100 W HOLLY DR  
ORANGE CITY, FL 32763 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: PS  
Name: SAUFL, LARRY P.  
Address: 100 W. HOLLY DRIVE  
City-St-Zip: ORANGE CITY, FL 32713

Title: VPT  
Name: SAUFL, LISA F.  
Address: 100 W. HOLLY DR.  
City-St-Zip: ORANGE CITY, FL 32713

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: LARRY P. SAUFL

PS

02/27/2012

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

\_\_\_\_\_  
Date