

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000026918

Entity Name: SIMONS DENTAL LAB, INC.

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

725 SEBASTIAN BLVD  
SUITE B  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

1500-B 14TH AVENUE  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 65-1005574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THWEATT-LEE, SUSAN L  
1500-B 14TH AVENUE  
VERO BEACH, FL 32960 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: DP  
Name: SIMONS, TIMOTHY A  
Address: 725 SEBASTIAN BLVD  
City-St-Zip: SEBASTIAN, FL 32958

Title: DT  
Name: SIMONS, JENEE K  
Address: 725 SEBASTIAN BLVD  
City-St-Zip: SEBASTIAN, FL 32958

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: TIMOTHY SIMONS

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05/01/2011

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

\_\_\_\_\_  
Date