YEAR 2002

DOCUMENT # P00000069501

1. Entity Name

ART'GENTINA DENTAL LABORATORIES, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 PM 8:49

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1412 ROYAL PALM SQUARE BLVD. #105~~ ~~FORT MYERS FL 33912~~	~~1412 ROYAL PALM SQUARE BLVD. #105~~ FORT MYERS FL 33912

(Changed)

2. Principal Place of Business	3. Mailing Address
4202 Del Prado Blvd	4202 Del Prado BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, Fla.	City & State: Cape Coral, Fla.
Zip: 33904 Country: U.S.A.	Zip: 33904 Country: U.S.A.

4. FEI Number 65-1031624 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANO, RODOLFO J
~~1412 ROYAL PALM SQUARE BLVD. #105~~
~~FORT MYERS FL 33912~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 4202 Del Prado BLVD., So.

City Cape Coral FL Zip Code 33904

8. 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANO, RODOLFO J ~~1315 S.E. 14TH TERRACE~~ ~~CAPE CORAL FL 33990~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Change ☐ Addition 404 N.E. 18th Place Cape Coral, Fla. 33909
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000005050710--2 -03/06/02--01064--020 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition AB 3/4
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/VS/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #