

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107021

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** LAKELAND DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

121 MCDONALD ST  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

121 MCDONALD ST  
LAKELAND, FL 33803

**New Mailing Address:**

**FEI Number:** 59-3691695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHICK, RICHARD  
121 MCDONALD ST  
LAKELAND, FL 33803 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  
Name: SHICK, RICHARD  
Address: 308 WEST PALM DR  
City-St-Zip: LAKELAND, FL 33803 US

Title: T  
Name: YOUNGS SHICK, DEANNA K  
Address: 308 WEST PALM DR  
City-St-Zip: LAKELAND, FL 33803 US

Title: S  
Name: RAPKA, CLARA J  
Address: 5215 LARAMIE COURT  
City-St-Zip: OAK FOREST, IL 60452 US

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: DEANNA YOUNGS SHICK

T

02/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date