

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000010058

**Entity Name:** BONITA DENTAL LAB, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10915 BONITA BCH RD  
SUITE 1161  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10915 BONITA BCH RD  
SUITE 1161  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

**FEI Number:** 59-3691730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHYNOWETH, DAVID  
10915 BONITA BEACH ROAD  
SUITE 1161  
BONITA SPRINGS, FL 34135 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: PRES  
Name: CHYNOWETH, DAVID  
Address: 11154 PALMETO RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: SEC  
Name: DRISCOLL, JULIE  
Address: 64 4TH STREET APT. C201  
City-St-Zip: BONITA SPRINGS, FL 34134

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: DAVID C. CHYNOWETH

PRES

01/13/2011

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

\_\_\_\_\_  
Date