

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111820

FILED  
Jun 26, 2009  
Secretary of State

Entity Name: AMPERE DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

4297 SW HIGH MEADOW AVENUE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

4658 SW HAMMOCK CREEK DRIVE  
PALM CITY, FL 34990

**New Mailing Address:**

FEI Number: 01-0553984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ULLOA, RAMON  
4658 SW HAMMOND CREEK DR  
PALM CITY, FL 34990 US

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

ULLOA, RAMON  
4658 SW HAMMOCK CREEK DR  
PALM CITY, FL 34990 US

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

06/26/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ULLOA, RAMON  
Address: 4297 SW HAMMOND CREEK DR  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ULLOA, RAMON  
Address: 4658 SW HAMMOCK CREEK DR  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAMON ULLOA

Electronic Signature of Signing Officer or Director

PRES

06/26/2009

Date