

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000012026

Entity Name: ALACHUA DENTAL LAB, INC.

FILED  
Mar 23, 2005  
Secretary of State

## Current Principal Place of Business:

4000 WEST NEWBERRY RD., STE. E  
GAINESVILLE, FL 32607

## New Principal Place of Business:

304 SW 140TH TERRACE  
SUITE H.  
NEWBERRY, FL 32669

## Current Mailing Address:

4000 WEST NEWBERRY RD., STE. E  
GAINESVILLE, FL 32607

## New Mailing Address:

304 SW 140TH TERRACE  
SUITE H.  
NEWBERRY, FL 32669

FEI Number: 59-3691205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONTANYE, STANLEY M  
3733 NW 55TH PLACE  
GAINESVILLE, FL 326530815 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MONTANYE, STANLEY M  
Address: 3733 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 326530815

Title: VP ( ) Delete  
Name: MONTANYE, TERRY R  
Address: 3733 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 326530815

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MONTANYE, STANLEY M  
Address: 3733 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 326530815

Title: V (X) Change ( ) Addition  
Name: MONTANYE, TERRY R  
Address: 3733 NW 55TH PLACE  
City-St-Zip: GAINESVILLE, FL 326530815

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STANLEY M. MONTANYE

P

03/23/2005

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

\_\_\_\_\_  
Date