

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90425 049 ***158.75

DOCUMENT # P02000021310 1. Entity Name JMS DENTAL LAB, INC.					
Principal Place of Business 7608 NW 99 TERRACE TAMARAC, FL 33321			Mailing Address 7608 NW 99 TERRACE TAMARAC, FL 33321		
2. Principal Place of Business 2769 Harvard PL <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2769 HARVARD PL <small>Suite, Apt. #, etc.</small>			
City & State Baldwin, New York <small>Zip</small> 11510 <small>Country</small>		City & State BALDWIN, NEW YORK <small>Zip</small> 11510 <small>Country</small>		4. FEI Number 01-0609408	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SINGER, JERRY 7608 NW 99 TERRACE TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name JERRY SINGER Street Address (P.O. Box Number is Not Acceptable) 8424 NW 57th Street City Tamarac FL <small>Zip Code</small> 33351		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jerry Singer</i></u> 4/30/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, JERRY 7608 NW 99 TERRACE TAMARAC, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JERRY SINGER 2769 Harvard PL BALDWIN, NY 11510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SINGER, MARY ANNE 7608 NW 99 TERRACE TAMARAC, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY ANNE SINGER 2769 HARVARD PL BALDWIN, NY 11510 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Jerry Singer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/30/04 <small>Date</small>		516-771-5150 <small>Daytime Phone #</small>