

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082651

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1634 SE 47ST STE #13  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1501 VISCAYA PKWY, STE#4  
CAPE CORAL, FL 33990

**Current Mailing Address:**

1634 SE 47ST STE #13  
CAPE CORAL, FL 33904

**New Mailing Address:**

1501 VISCAYA PKWY, STE#4  
CAPE CORAL, FL 33990

FEI Number: 27-0022184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANGER, EDWARD L  
1936 NE 5TH ST  
CAPE CORAL, FL 33909 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: HANGER, EDWARD L  
Address: 1936 NE 5TH ST  
City-St-Zip: CAPE CORAL, FL 33909

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: EDWARD HANGER

PRES

04/03/2012

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

\_\_\_\_\_ Date