

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 050 ***150.00

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DOCUMENT # P03000036217 1. Entity Name MATRIX DENTAL LAB, INC.			
Principal Place of Business 8843-2 SAN JOSE BLVD. JACKSONVILLE, FL 32217 US		Mailing Address 8843-2 SAN JOSE BLVD. JACKSONVILLE, FL 32217 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2117 West Quay Rd		Suite, Apt. #, etc. 2117 West Quay Rd	
City & State St Augustine FL		City & State St Augustine FL	
Zip 32092		Zip 32092	
Country		Country	
6. Name and Address of Current Registered Agent GARCIA, TANA 8843-2 SAN JOSE BLVD. JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2117 West Quay Rd City St Augustine FL Zip Code 32092	
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>TANA Garcia</u> Y <u>1-20-06</u> <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, 2006 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	D GARCIA, CHRIS 1437 TINTERN LANE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 2117 West Quay Rd St Augustine FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TANA 1437 TINTERN LANE ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 2117 West Quay Rd St Augustine FL 32092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>TANA Garcia Vice President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-20-06</u> <u>904-230-0357</u> <small>Date Daytime Phone #</small>	