

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90003 043 \*\*\*150.00

**DOCUMENT # P03000054388**

1. Entity Name  
**MCLAUGHLIN IMCO DENTAL, INC.**



Principal Place of Business  
**131 EXECUTIVE CIRCLE  
SUITE A  
DAYTONA BEACH, FL 32114**

Mailing Address  
**131 EXECUTIVE CIRCLE  
SUITE A  
DAYTONA BEACH, FL 32114**

**40036058**



2. Principal Place of Business  
**129 Executive Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**129 Executive Circle**  
Suite, Apt. #, etc.

02212006 Chg-P CR2E034 (11/05)

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

4. FEI Number  
**32-0076818**

Applied For  
Not Applicable

Zip Country  
**32114 US**

Zip Country  
**32114 US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCLAUGHLIN, WILLIAM I III  
131 EXECUTIVE CIRCLE  
SUITE A  
DAYTONA BEACH, FL 32114**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**129 Executive Circle**

City

**Daytona Beach**

**FL**

Zip Code

**32114**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
NAME **D MCLAUGHLIN, WILLIAM I III**  
STREET ADDRESS **85 SHADOW CREEK WAY**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete  
NAME **D MCLAUGHLIN, SUSAN G**  
STREET ADDRESS **85 SHADOW CREEK WAY**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete  
NAME **D MCLAUGHLIN, WILLIAM I IV**  
STREET ADDRESS **85 SHADOW CREEK WAY**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete  
NAME **D MCLAUGHLIN, ANGELA SUE**  
STREET ADDRESS **7134 EAST BUENA TERRA WAY**  
CITY-ST-ZIP **SCOTTSDALE, AZ 85253**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Add  
NAME  
STREET ADDRESS **11619 K Tomahawk Creek Pkwy**  
CITY-ST-ZIP **Leawood, KS 66211**

TITLE ☒ Change ☐ Add  
NAME  
STREET ADDRESS **2119 W. School St.**  
CITY-ST-ZIP **Chicago, IL 60618**

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William I. McLaughlin*