

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000087708

1. Entity Name
**THE LABORATORY AT MID COUNTY DENTAL CENTER,
INC.**



Principal Place of Business

**4047 OKEECHOBEE BLVD
SUITE 219
WEST PALM BEACH, FL 33409-3237**

Mailing Address

**4047 OKEECHOBEE BLVD
SUITE 219
WEST PALM BEACH, FL 33409-3237**



07122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRAMS, DANIEL J ESQ
1645 PALM BEACH LAKES BLVD
SUITE 1050
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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

000000570909
07/18/06-2006-010 158.75

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	GUZAUSKAS, ROBERT
STREET ADDRESS	4047 OKEECHOBEE BLVD SUITE 219
CITY-ST-ZIP	WEST PALM BEACH, FL 334093237
TITLE	D
NAME	GUZAUSKAS, ROBERT
STREET ADDRESS	4047 OKEECHOBEE BLVD SUITE 219
CITY-ST-ZIP	WEST PALM BEACH, FL 334093237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **ROBERT GUZAUSKAS** 7/12/2006 (561) 640-7600