

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087708

FILED  
Apr 21, 2008  
Secretary of State

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

## Current Principal Place of Business:

4047 OKEECHOBEE BLVD  
SUITE 219  
WEST PALM BEACH, FL 334093237

## New Principal Place of Business:

## Current Mailing Address:

4047 OKEECHOBEE BLVD  
SUITE 219  
WEST PALM BEACH, FL 334093237

## New Mailing Address:

4047 OKEECHOBEE BLVD  
SUITE 219  
WEST PALM BEACH, FL 334093237 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GUZAUSKAS, ROBERT PRESIDE  
9845 BAYWINDS DRIVE  
APT 6105  
WEST PALM BEACH, FL 33411 US

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: ROBERT GUZAUSKAS

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: GUZAUSKAS, ROBERT  
Address: 4047 OKEECHOBEE BLVD SUITE 219  
City-St-Zip: WEST PALM BEACH, FL 334093237

Title: D (X) Delete  
Name: GUZAUSKAS, ROBERT  
Address: 4047 OKEECHOBEE BLVD SUITE 219  
City-St-Zip: WEST PALM BEACH, FL 334093237

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GUZAUSKAS, ROBERT PRESIDE  
Address: 9845 BAYWINDS DRIVE APT 6105  
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT GUZAUSKAS

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

Date