

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087708

FILED
Apr 25, 2009
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 US

New Mailing Address:

4047 OKEECHOBEE BLVD
SUITE 219
WEST PALM BEACH, FL 334093237

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

04/25/2009

Electronic Signature of Signing Officer or Director

Date