2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P03000098533

Entity Name: COAST DENTAL LAB, INC.

Current Principal Place of Business:

2388 IMMOKALEE ROAD
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

2388 IMMOKALEE ROAD
NAPLES, FL 34110

New Mailing Address:

FEI Number: 30-0200273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REARDON, THOMAS
2388 IMMOKALEE ROAD
NAPLES, FL 34110 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

OFFICERS AND DIRECTORS:

Title: D
Name: REARDON, THOMAS
Address: 1236 MILANO DRIVE
City-St-Zip: NAPLES, FL 34103

Title: ST
Name: REARDON, SHERRIE
Address: 1236 MILANO DRIVE
City-St-Zip: NAPLES, FL 34103

I hereby 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 all other like empowered.

SIGNATURE: THOMAS REARDON OWNE 01/06/2011

Electronic Signature of Signing Officer or Director Date