2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2012
Secretary of State

DOCUMENT# P04000015959

Entity Name: SHOWCASE DENTAL LABORATORY, INC

Current Principal Place of Business:

22286 VICK ST
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

22286 VICK ST
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 20-0651423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRATTURA, VICTOR
4120 TAMIAMI TRAIL SUITE B
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

FRATTURA, VICTOR
22286 VICK ST
PORT CHARLOTTE, FL 33980 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: 01/10/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: FRATTURA, VICTOR
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP
Name: DULA-FRATTURA, CAROL
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: SEC
Name: DULA-FRATTURA, CAROL
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

Title: TRES
Name: FRATTURA, VICTOR
Address: 7351 S. BLUE SAGE
City-St-Zip: PUNTA GORDA, FL 33955

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: CAROL FRATTURA VP 01/10/2012
Electronic Signature of Signing Officer or Director Date