2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000039916

Entity Name: DAVID GELMAN'S DENTAL LABORATORY, INC.

FILED Sep 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4525 N. PINE ISLAND ROAD 2518 E. HALLANDALE BEACH BLVD

SUITE A HALLANDALE, FL 33009 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4525 N. PINE ISLAND ROAD 2518 E. HALLANDALE BEACH BLVD

SUITE A HALLANDALE, FL 33009 SUNRISE, FL 33351

FEI Number: 20-0822909 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELMAN, DAVID
4525 N. PINE ISLAND ROAD
SUNRISE, FL 33351 US
GELMAN, DAVID
2518 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009 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: DAVID GELMAN 09/09/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: GELMAN, DAVID Name: GELMAN, DAVID

Address: 4525 N. PINE ISLAND ROAD Address: 2518 E. HALLANDALE BEACH BLVD

City-St-Zip: SUNRISE, FL 33351 City-St-Zip: HALLANDALE, FL 33009

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: DAVID GELMAN MR 09/09/2009

Electronic Signature of Signing Officer or Director

Date