

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006818

Entity Name: KINSMAN DENTAL LAB, INC.

FILED  
Mar 09, 2012  
Secretary of State

## Current Principal Place of Business:

6606 STADIUM DRIVE  
ZEPHYRHILLS, FL 33542

## New Principal Place of Business:

## Current Mailing Address:

7219 OMEGA CT  
ZEPHYRHILLS, FL 33540

## New Mailing Address:

PO BOX 1816  
AUBURNDALE, FL 33823

FEI Number: 37-1503742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOPPER, BRUCE A  
7219 OMEGA CT  
ZEPHYRHILLS, FL 33540 US

## Name and Address of New Registered Agent:

NOPPER, BRUCE A  
1035 BURRISRIDGE DR  
LAKELAND, FL 33809 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:

03/09/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PR  
Name: NOPPER, BRUCE A  
Address: 1035 BURRISRIDGE DR  
City-St-Zip: LAKELAND, FL 33809

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: BRUCE A NOPPER

MR

03/09/2012

Electronic Signature of Signing Officer or Director

Date