

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000010909

FILED  
Jul 12, 2007  
Secretary of State

Entity Name: INTRA-ORAL PROSTHETIC SERVICES, INC.

## Current Principal Place of Business:

9773 S ORANGE BLOSSOM TRL STE 33  
ORLANDO, FL 32837

## New Principal Place of Business:

3129 INOVATION BLVD  
SAINT CLOUD, FL 34769

## Current Mailing Address:

9773 S ORANGE BLOSSOM TRL STE 33  
ORLANDO, FL 32837

## New Mailing Address:

3129 INOVATION BLVD  
SAINT CLOUD, FL 34769

FEI Number: 74-3138953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, ELAUDIVETTE  
1833 SOARING HEIGHTS CIR  
ORLANDO, FL 32837 US

## Name and Address of New Registered Agent:

FERNANDEZ, ELAUDIVETTE  
3129 INOVATIONS BLVD  
SAINT CLOUD, FL 34769 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: ELAUDIVETTE FERNANDEZ

07/12/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FERNANDEZ, ELAUDIVETTE  
Address: 1833 SOARING HEIGHTS CIR  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FERNANDEZ, ELAUDIVETTE  
Address: 3129 INOVATION BLVD  
City-St-Zip: SAINT CLOUD, FL 34769

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: ELAUDIVETTE FERNANDEZ

P

07/12/2007

Electronic Signature of Signing Officer or Director

Date