## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000058903

Entity Name: INTECH DENITAL LAB INC

FILED Apr 28, 2009 Secretary of State

Littly Na	IIIe. IIVIECH	DENTAL LAB, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
536 PATR DUNEDIN	ICIA AVE , FL 34698		13529 PRESTIGE PL SUITE 102 TAMPA, FL 33635		
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
4025 TAM SUITE 110 OLDSMAF			13529 PRESTIGE PL SUITE 102 TAMPA, FL 33635	ACE	
FEI Number	: 20-2768221	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:		
OLDSMAF The above	RE DR. EAST R, FL 34677 a named entity	US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
	e of Florida.				
SIGNATU					
	Electro	nic Signature of Registered Ag	jent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BOSKER, JOH 402 SHORE D OLDSMAR, FL	R. EAST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STAHEL, TIM 2633 LAKESI		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOHN BOSKER VΡ 04/28/2009