

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008467

FILED  
Sep 23, 2009  
Secretary of State

Entity Name: RELIABLE ARTS DENTAL LABORATORY INC.

## Current Principal Place of Business:

261 WESTWARD DR  
SUITE 203  
MIAMI SPRINGS, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

261 WESTWARD DR  
SUITE 203  
MIAMI SPRINGS, FL 33166

## New Mailing Address:

FEI Number: 20-4157979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCGETTIGAN, MICHAEL  
261 WESTWARD DR  
SUITE 203  
MIAMI SPRINGS, FL 33166 US

## Name and Address of New Registered Agent:

LOMAX, MICHAEL  
261 WESTWARD DR  
SUITE 203  
MIAMI SPRINGS, FL 33166 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: MICHAEL LOMAX

09/23/2009

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: DP ( ) Delete  
Name: LOMAX, MICHAEL  
Address: 261 WESTWARD DR  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: ST ( ) Delete  
Name: MCGETTIGAN, MICHAEL  
Address: 261 WESTWARD DR  
City-St-Zip: MIAMI SPRINGS, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: LOMAX, MICHAEL  
Address: 261 WESTWARD DR  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: MICHAEL LOMAX

DP

09/23/2009

Electronic Signature of Signing Officer or Director

Date