

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062002

Entity Name: KRONZ DENTAL LAB, INC

FILED  
Jan 15, 2009  
Secretary of State

## Current Principal Place of Business:

9401 SW ST RD 200  
101  
OCALA, FL 34476

## Current Mailing Address:

9401 SW ST RD 200  
101  
OCALA, FL 34476

## New Principal Place of Business:

9401 SW HIGHWAY 200  
102  
OCALA, FL 34481

## New Mailing Address:

9401 SW HIGHWAY 200  
102  
OCALA, FL 34481

FEI Number: 20-4806127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNN, STEPHEN H DR  
9401 SW ST RD 200  
101  
OCALA, FL 34476 US

## Name and Address of New Registered Agent:

DUNN, STEPHEN H DR  
9401 SW HIGHWAY 200  
101  
OCALA, FL 34481 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:

01/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DUNN, STEPHEN H DR  
Address: 9401 SW ST RD 200 STE 101  
City-St-Zip: OCALA, FL 34476

Title: P ( ) Delete  
Name: KRONZ, SUSAN  
Address: 9401 SW ST RD 200 STE 101  
City-St-Zip: OCALA, FL 34476

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: DUNN, STEPHEN H DR  
Address: 9401 SW ST RD 200 STE 101  
City-St-Zip: OCALA, FL 34481

Title: P (X) Change ( ) Addition  
Name: KRONZ, SUSAN  
Address: 9401 SW ST RD 200 STE 102  
City-St-Zip: OCALA, FL 34481

Title: S ( ) Change (X) Addition  
Name: DUNN, ROCHELLE R  
Address: 9401 SW HIGHWAY 200, STE 101  
City-St-Zip: OCALA, FL 34481

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: ROCHELLE R DUNN

S

01/15/2009

Electronic Signature of Signing Officer or Director

Date