


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90113 005 ***150.00

DOCUMENT # P06000144780 1. Entity Name AMERICAN DENTAL LABORATORY, INC.					
Principal Place of Business 1994 MARAVILLA AVE. FT. MYERS, FL 33901			Mailing Address 1994 MARAVILLA AVE. FT. MYERS, FL 33901		
2. Principal Place of Business - No P.O. Box # 1949 MARAVILLA AVE		3. Mailing Address 1949 MARAVILLA AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. MYERS		City & State FT. MYERS		4. FEI Number 20-5965785	
Zip FL		Country 33901		Zip FL	
Country 33901		Country 33901		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL, 33145				7. Name and Address of New Registered Agent Name DAVID A GIOMPALO II Street Address (P.O. Box Number is Not Acceptable) 1949 MARAVILLA AVE City FT. MYERS FL Zip Code 33901	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE [Signature] 1/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GIOMPALO, DAVID A 1994 MARAVILLA AVE. FT. MYERS, FL 33901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIOMPALO, MARIE E 1994 MARAVILLA AVE. FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.					
SIGNATURE: [Signature] 1/25/07 239-936-3329 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60012289



01112007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Name **DAVID A GIOMPALO II**
Street Address (P.O. Box Number is Not Acceptable)
1949 MARAVILLA AVE
City **FT. MYERS** **FL** Zip Code **33901**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIOMPALO, MARIE E 1994 MARAVILLA AVE. FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID A GIOMPALO II 1994 MARAVILLA AVE FT. MYERS, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/07 239-936-3329
Date Daytime Phone #