

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076705

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA DENTAL LAB SERVICE, INC.

**Current Principal Place of Business:**

1435 SE 18TH TERRACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

1309 SW 15TH STREET  
CAPE CORAL, FL 33991

**Current Mailing Address:**

1435 SE 18TH TERRACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

1309 SW 15TH STREET  
CAPE CORAL, FL 33991

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIAS, JORGE L  
1435 SE 18TH TERRACE  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

ARIAS, JORGE L  
1309 SW 15TH STREET  
CAPE CORAL, FL 33991 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: JORGE ARIAS

02/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/T  
Name: ARIAS, JORGE L  
Address: 1309 SW 15TH ST  
City-St-Zip: CAPE CORAL, FL 33991

Title: VP/S  
Name: ARIAS, LILIANA M  
Address: 1309 SW 15TH ST  
City-St-Zip: CAPE CORAL, FL 33991

I hereby 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 all other like empowered.

SIGNATURE: JORGE ARIAS

P

02/08/2010

Electronic Signature of Signing Officer or Director

Date