2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000132947

15205 MERLINPARK PLACE

LITHIA, FL 33547

Address:

City-St-Zip:

Entity Name: GULFCOAST DENTAL REPAIR AND SUPPLY COMPANY

FILED Apr 12, 2008 Secretary of State

Current Pi	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
16765 FISH LITHIA, FL	HAWK BLVI 33547	D. #340	16765 FISHHAWK BLVD #340 LITHIA, FL 33547		
Current M	ailing Addre	ss:	New Mailing Address:	New Mailing Address:	
16765 FISH LITHIA, FL	HAWK BLVI 33547	D. #340	16765 FISHHAWK BLVD #340 LITHIA, FL 33547		
FEI Number:	26-1661711	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
LITHIA, FL	RLINPARK PL 33547 US named entity		ne purpose of changing its registered o	ffice or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered	Agent	Date	
Election Can	npaign Financir	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT (SHORT, BILL 15205 MERLIN LITHIA, FL 33		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title:	VS () Delete	Title: ()	Change () Addition	

Address:

City-St-Zip:

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: BILL SHORT PT 04/12/2008