

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000017891

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** GAMMA DENTAL LABORATORIES, INC.

**Current Principal Place of Business:**

1242 SALT CLAY CT  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

1242 SALT CLAY CT  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 26-2021480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOMEZ, GABRIELA  
1242 SALT CLAY CT  
WESLEY CHAPEL, FL 33544 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P,T  
Name: GOMEZ, GABRIELA  
Address: 1242 SALT CLAY CT  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP,S  
Name: GOMEZ, MAYKEL  
Address: 1242 SALT CLAY CT  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: GABRIELA GOMEZ

P,T

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date