2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2010
Secretary of State

DOCUMENT# P08000048372

Entity Name: APEX DENTAL LABORATORY, INC.

Current Principal Place of Business:

7002 SHELDON ROAD
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7002 SHELDON ROAD
TAMPA, FL 33615

New Mailing Address:

FEI Number: 26-2621446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, DAVID J
7002 SHELDON ROAD
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: LEE, DAVID J
Address: 7002 SHELDON RD
City-St-Zip: TAMPA, FL 33615

Title: DST
Name: LEE, DAVID J
Address: 7002 SHELDON ROAD
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: LEE, KYUNG S
Address: 7002 SHELDON ROAD
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: SEO, CINDY
Address: 7002 SHELDON ROAD
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: LEE, JIYOUN
Address: 7002 SHELDON ROAD
City-St-Zip: TAMPA, FL 33615

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: DAVID J LEE DR 02/08/2010

Electronic Signature of Signing Officer or Director Date