

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055480

Entity Name: ALL SMILES DENTAL LAB, CORP

FILED  
Mar 30, 2009  
Secretary of State

## Current Principal Place of Business:

1608 KINSALE DR  
CANTONMENT, FL 32533

## New Principal Place of Business:

9500 N PENSACOLA BLVD  
3  
PENSACOLA, FL 32534

## Current Mailing Address:

1608 KINSALE DR.  
CANTONMENT, FL 32533

## New Mailing Address:

FEI Number: 80-0202388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, SARAH  
1608 KINSALE DR.  
CANTONMENT, FL 32533 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: P ( ) Delete  
Name: DAVIS, SARAH  
Address: 1608 KINSALE DR.  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: DAVIS, DORIA  
Address: 1608 KINSALE DR.  
City-St-Zip: CANTONMENT, FL 32533

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: DORIA DAVIS

O

03/30/2009

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

\_\_\_\_\_  
Date