

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000013442

FILED  
Jan 12, 2010  
Secretary of State

Entity Name: BAY VIEW DENTAL LAB OF FLORIDA, INC.

**Current Principal Place of Business:**

111 2ND AVE NE, STE 1104  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

1207 VOLVO PARKWAY  
CHESAPEAKE, VA 23320

**New Mailing Address:**

FEI Number: 26-4239873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name: SHAFER, VERNON H JR.  
Address: 1207 VOLVO PARKWAY  
City-St-Zip: CHESAPEAKE, VA 23320

Title: VP  
Name: SHAFER, RICHARD M  
Address: 1207 VOLVO PARKWAY  
City-St-Zip: CHESAPEAKE, VA 23320

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: VERNON H. SHAFER JR.

PRES

01/12/2010

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

\_\_\_\_\_  
Date