2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P10000032554

Entity Name: MORGAN DENTAL LAB II, INC.

Current Principal Place of Business:

2595 TAMIAMI TRAIL UNIT D
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2595 TAMIAMI TRAIL UNIT D
PORT CHARLOTTE, FL 33952

New Mailing Address:

18209 BLY AVE.
PORT CHARLOTTE, FL 33948

FEI Number: 27-2302629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, SR., ERROL L
18209 BLY AVE
PORT CHARLOTTE, FL 33948 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
Name: MORGAN, SR., ERROL L
Address: 18209 BLY AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TS
Name: MORGAN, GENE M
Address: 18209 BLY AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP
Name: MORGAN, DONALD L
Address: 18209 BLY AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: GENE M. MORGAN TS 04/28/2011

Electronic Signature of Signing Officer or Director Date