

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000071163

FILED
Feb 17, 2011
Secretary of State

Entity Name: TRINITY DENTAL LABORATORY, INC.

Current Principal Place of Business:

6845 SR 54
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6845 SR 54
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 06-1840168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPADONA, KAREN
6845 SR 54
NEW PORT RICHEY, FL 34653 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: D/P
Name: CABRAL, GUARACY
Address: 6845 SR 54
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D/T
Name: CAPPADONA, KAREN
Address: 10856 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S
Name: CAPPADONA, KAREN
Address: 10856 ALICO PASS
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D/VP
Name: FLORES, JASON
Address: 3246 KISMET CT
City-St-Zip: NEW PORT RICHEY, FL 34655

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: KAREN CAPPADONA

S

02/17/2011

Electronic Signature of Signing Officer or Director

Date