

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000053439

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** EDSALL DENTAL LAB, INC.

**Current Principal Place of Business:**

5325 SE 14TH CT  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

5325 SE 14TH CT  
OCALA, FL 34480 US

**New Mailing Address:**

**FEI Number:** 45-2481730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDSALL, SHARON D  
5325 SE 14TH CT  
OCALA, FL 34480 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:** PD  
**Name:** EDSALL, RONALD D  
**Address:** 5325 SE 14TH CT  
**City-St-Zip:** Ocala, FL 34480 US

**Title:** VP/D  
**Name:** EDSALL, SHARON D  
**Address:** 5325 SE 14TH CT  
**City-St-Zip:** Ocala, FL 34480 US

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: SHARON D. EDSALL

VP/D

04/29/2012

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

\_\_\_\_\_  
Date