

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000006883

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** RUDOLF DEMACEK DENTAL LAB, INC.

**Current Principal Place of Business:**

205 NORTH ORANGE AVENUE  
2 SW  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

205 NORTH ORANGE AVENUE  
2 SW  
SARASOTA, FL 34236 US

**New Mailing Address:**

**FEI Number:** 65-0382899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRAND, BRIAN D  
1671 MOUND STREET  
SARASOTA, FL 34236 US

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

GLASS, MICHAEL J C.P.A.  
2501 SOUTH TAMiami TRAIL  
SARASOTA, FL 34239 US

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:** MICHAEL J.GLASS

01/11/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** DEMACEK, RUDOLF  
**Address:** 5150 39TH ST W  
**City-St-Zip:** BRADENTON, FL 34210 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:** RUDOLF DEMACEK

DP

01/11/2010

Electronic Signature of Signing Officer or Director

Date