

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052959 (2)

1. Corporation Name

U.S. SUNSHINE DENTAL LABORATORY, INC.



Principal Place of Business

~~1505 N FEDERAL HWY
PLACEDD MAR #808
LAKE WORTH FL 33400
US~~

Mailing Address

210 MIRAMAR WAY
~~PLACEDD MAR #808~~
WEST PALM BEACH FL 33405-4712
US

3. Date Incorporated or Qualified
07/25/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 6620 S. Dixie Hwy.

Suite, Apt. #, etc.

22 City & State
W. Palm Beach, FL

24 Zip
33405

25 Country
USA

2a. Mailing Address

26 210 Miramar Way

Suite, Apt. #, etc.

27 City & State
West Palm Beach, FL

28 Zip
33405

29 Country
USA

4. FEI Number

65-0431275

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRICKLAND, EDMUND A JR
210 MIRAMAR WAY
~~PLACEDD MAR #808~~
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name Edmund A Strickland, Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
210 Miramar Way
83
84 City West Palm Beach FL 85 Zip Code 33405

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am naming with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Edmund A Strickland Jr. Edmund A Strickland Jr, President 4/20/97
Signature typed or printed name of registered agent and time if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRICKLAND, EDMUND A JR	
STREET ADDRESS	2101 MIRAMAR WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edmund A Strickland Jr Edmund A Strickland Jr 4/20/97 582-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)