

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Mar 22 1996 8:00 am

Secretary of State

DOCUMENT # **Pa3000057373**
1. Corporation Name
Regional Dental LABORATORIES, Inc

Principal Place of Business
3675 NE 12th Ave
Pompano Beach FLA
33064

Mailing Address
SAME

3. Date Incorporated or Qualified
8-16-93
3a. Date of Last Report
2-22-95
4. FEI Number
65-0443455
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

2. Principal Place of Business
21. State Apt # etc
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. State Apt #, etc
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
Regional Dental LAB Inc
3675 NE 12th Ave
Pompano Beach FLA 33064

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Numbers Not Acceptable)
83.
84. City
85. Zip Code
FL

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title of appointment

(Note: Registered Agent signature required when re-registered)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

SIGNATURE: **✓ Jerry Goldberg**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

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***200.00

CR2E034 (12/95)