

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY - 1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000013080 (4)

1. Corporation Name:

EAGLE DENTAL LABS, INC.

Principal Place of Business

Mailing Address

715 SWANN AVENUE
TAMPA FL 33606

715 SWANN AVENUE
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

02/14/1994

4. FEI Number

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 initially ☒ Yes ☐ No
Florida Statutes

2. Principal Place of Business

2a. Mailing Address

21 5336 Ashton Ct.

26 5336 Ashton Ct.

650486059

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

24

25

29 34233

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAM P. GREGORY, P.A.
715 SWANN AVENUE
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in this 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 of the registered agent or designated agent and the corporation (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GREGORY, WILLIAM P
STREET ADDRESS	715 SWANN AVENUE
CITY, ST, ZIP	TAMPA FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	☒ Change ☒ Addition
19 NAME	DR. J. T. Borchers
20 STREET ADDRESS	1608 S. Tuttle Ave.
21 CITY, ST, ZIP	Sarasota, FL 34239
22 TITLE	☐ Change ☐ Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	☐ Change ☐ Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	☐ Change ☐ Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	☐ Change ☐ Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	
38 TITLE	☐ Change ☐ Addition
39 NAME	
40 STREET ADDRESS	
41 CITY, ST, ZIP	
42 TITLE	☐ Change ☐ Addition
43 NAME	
44 STREET ADDRESS	
45 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included on this report and on the 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 manager 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, returning to or on an attachment with an address:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

813 923-4138

John M. Borchers