

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014305 (4)

1. Corporation Name:

FIRST CHOICE DENTAL LAB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1110 PINE ISLAND RD. UNIT 9 CAPE CORAL FL 33909	1110 PINE ISLAND RD. UNIT 9 CAPE CORAL FL 33909

3. Date Incorporated or Qualified	3a. Date of Last Report
02/18/1994	
4. FEI Number	Applied For
65-0540472	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for a change in tax under Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEMCKE, LINDA D 1110 PINE ISLAND RD. UNIT 9 CAPE CORAL FL 33909				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or person required to file statement)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	D LEMCKE, LINDA D	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	1110 PINE ISLAND RD. #9	13.2 STREET ADDRESS	
12.3 CITY, ST, ZIP	CAPE CORAL FL 33909	13.3 CITY, ST, ZIP	
12.4 NAME		13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS		13.5 STREET ADDRESS	
12.6 CITY, ST, ZIP		13.6 CITY, ST, ZIP	
12.7 NAME		13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS		13.8 STREET ADDRESS	
12.9 CITY, ST, ZIP		13.9 CITY, ST, ZIP	
12.10 NAME		13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 117.03(1)(b) Florida Statutes. I further certify that the information included in this filing is true and correct and that my signature is in my own handwriting. I am familiar with and accept the obligations of Section 607.0305, Florida Statutes, and that my name appears in the filing of this report as required by law.

SIGNATURE: *Linda D. Lemcke* Linda D. Lemcke 4-28-95 772-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR