Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90008 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000020778

1. Corporation Name

SMITH STERLING DENTAL LABORATORIES, INC.

| Principal Place | e of Business | Mailing Address | | | | 11 0 11 0 11 40 111 1 0 111 11 | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------|---|
| 4531 DELEON S | ST | 4531 DELEON ST | | | | | | |
| SUITE #205 | | SUITE #205 | | | DO NOT WRITE IN TH | IIS SDACE | | |
| FT MYERS FL 33907 | | FT MYERS FL 33907 | | DO NOT WRITE IN THIS SPACE | | | | |
| US | | US | | | 3. Date Incorporated or Qualifed 03/16/1994 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | App | lied For | |
| 21 | | 26 | | | 65-0474902 | Not | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | | |
| 22 | | 27 | | | | Fee Rec | | |
| _ City & State | e | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 i | | |
| Zip Country | | 28 | Zip Country | | 8. This corporation owes the current year Intangible | | | |
| 24 25 | | 29 | 30 | | Personal Property Tax. | | | |
| 24 | 9. Name and Address of Curren | | 1 | | 10. Name and Address of New Register | ed Agent | | |
| | | | | 81 Name | | • | - | |
| | os, cynthia | | Ļ | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | | | |
| | DELEON ST | | | 62 Street Audi | ress (P.O. Box Number is Not Acceptable) | | | |
| | E #205 | | Ī | 83 | | | | |
| FT M | IYERS FL 33907 | | Ļ | 84 City | | . 85 Zip C | ode | |
| } | | | 1 |], | | `L | | |
| 11. Pursuant | to the provisions of Sections 607.0503 | 2 and 607.1508, Florida Statut | es, the ab | ove-named corp | poration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing its | registered | |
| office or n | egistered agent, or both, in the State on familiar with, and accept the obligation | or Florida. Such change was a tions of, Section 607.0505, Flo | rida Statu | tes. | on's poard of directors. Thereby accept the ap | pominioni do rog | ,iotoroa | |
| SIGNATURE | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | _ _ | Agent signature require | | AND DIDECTO | DC IN 42 | ŝ |
| 12. | | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change | Addition | 3 |
| TIFLE | 0 | ☐ DELETE | 1.1 TIT | | | onange | | |
| NAME | BAKOS, SCOTT | | 1.2 NA | | | | | 6 |
| STREET ADDRESS | 239 DANIEL DR. | | 1.3 \$ 1 | REET ADDRESS | | | } | |
| CITY-ST-ZIP | SANIBEL FL 33957 DPST | | | | | | | · |
| TITLE | 10251 | [] priete | 1.4 CIT | Y-ST-ZIP | | | ☐ Addition | (|
| NAME | | ☐ DELETE | 1.4 CIT 2.1 TITI | Ē. | | ☐ Change | ☐ Addition | (|
| 1 | BAKOS, CYNTHIA | DELETE | 1.4 CIT 2.1 TITI 2.2 NA | LE ME | 77774 | ☐ Change | ☐ Addition | (|
| STREET ADDRESS | BAKOS, CYNTHIA 239 DANIEL DR. | ☐ DELETE | 1.4 CIT 2.1 TITI 2.2 NA 2.3 STI | LE ME REET ADDRESS | | ☐ Change | Addition | (|
| CITY-ST-ZIP | BAKOS, CYNTHIA | - | 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 2.4 CIT | Æ ME REET ADDRESS IY-ST-ZIP | | ☐ Change | ☐ Addition | - |
| CITY-ST-ZIP | Bakos, Cynthia 239 Daniel dr. Sanibel Fl. 33957 | ☐ DELETE | 1.4 CIT 2.1 TITI 2.2 NA 2.3 STI 2.4 CI 3.1 TITI | E ME REET ADDRESS IY-ST-ZIP | | · | | - |
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CITY-ST-ZIP 14. I 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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: