

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90022 039 \*\*\*150.00

**DOCUMENT # P94000049151**

1. Entity Name

HI-TECH DENTAL LAB OF NORTHEAST FLORIDA, INC.



Principal Place of Business

800 LOMAX ST STE 102  
102  
JACKSONVILLE FL 32204  
US

Mailing Address

800 LOMAX ST STE 102  
102  
JACKSONVILLE FL 32204  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3247395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SARES, JOSEPH A.  
800 LOMAX ST STE 102  
JACKSONVILLE FL 32204

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME SARES, JOSEPH A.  
STREET ADDRESS 800 LOMAX ST STE 102  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SARES, RENEE  
STREET ADDRESS 800 LOMAX ST STE 102  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☒ Change ☐ Addition  
NAME SARES, RENEE  
STREET ADDRESS 800 LOMAX ST STE 102  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. A. SARES*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-358-8400

Date

Daytime Phone #

01/26/2004