

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000077584 (8)**

1. Corporation Name

**PRO-DENT LABORATORY CORP.**



Principal Place of Business

Mailing Address

**1490 W. 49TH PLACE  
SUITE 520  
HIALEAH FL 33012**

**1490 W. 49TH PLACE  
SUITE 520  
HIALEAH FL 33012**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JARAMILLO, JOHN  
1490 W. 49TH PLACE  
SUITE 520  
HIALEAH FL 33012**

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 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 if applicable

(If Other Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☒ DELETE

1.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP  
**PD  
JARAMILLO, JOHN  
7763 W. 30 LANE  
HIALEAH FL 33016**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
ACOSTA, CESAR  
17911 N.W. 68 AVE., APT. O-105  
HIALEAH FL 33016**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**PSA  
ACOSTA, CESAR  
17911 NW 68th AVE. # O-105  
HIALEAH, FL 33016**  
☒ Change ☐ Addition

TITLE NAME ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-96 305-828-8844

Date

Daytime Phone #

CR2E034 (12/95)