

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000090231 (9)

1. Corporation Name

PELICAN BAY DENTAL LAB, INC.



Principal Place of Business

Mailing Address

5811 PELICAN BAY BLVD #103  
NAPLES FL 33963

5811 PELICAN BAY BLVD #103  
NAPLES FL 33963

2. Principal Place of Business

21 316 Park Ave. North

Suite, Apt. #, etc.

22 # A

City & State

23 Winter Park, FL

Zip

24 32789

Country

25 Orange

2a. Mailing Address

26 316 Park Ave. North

Suite, Apt. #, etc.

27 # A

City & State

28 Winter Park, FL

Zip

29 32789

Country

30 Orange

3. Date Incorporated or Qualified  
12/12/1994

3a. Date of Last Report  
04/30/1996

4. FEI Number  
65-0535511

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 liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PILEGGI, MARGARET M  
5811 PELICAN BAY BLVD #103  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

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

316 Park Ave, North # A

83

84 City

Winter Park

FL

85 Zip Code

32789

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Margaret Pileggi

(NOTE: Registered Agent signature required when reinstating)

4-20-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PILEGGI, MARGARET M  
STREET ADDRESS 5811 PELICAN BAY BLVD-103  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME PILEGGI, DAS G F  
STREET ADDRESS 5811 PELICAN BAY BLVD-103  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

316 Park Ave, North #A  
Winter Park FL 32789

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

316 Park Ave, North #A  
Winter Park, FL 32789

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

4/20/97 841-597-7332

CR2E034 (9/96)