

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 # P95000005043 (1)

1. Corporation Name

PRIZM DENTAL LAB, INC.



Principal Place of Business

471 N.W. 108TH AVE.
CORAL SPRINGS FL 33071

Mailing Address

471 N.W. 108TH AVE.
CORAL SPRINGS FL 33071

2. Principal Place of Business

21 6531 SUNSET STRIP

Suite, Apt. #, etc.

22 STE #6

City & State

23 SUNRISE, FL

Zip

24 33313

Country

25 BROWARD

2a. Mailing Address

26 6531 SUNSET STRIP

Suite, Apt. #, etc.

27 STE #6

City & State

28 SUNRISE, FL

Zip

29 33313

Country

30 BROWARD

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

4. FEI Number

65-0554197

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SCHWEITZER, BONNIE
471 N.W. 108TH AVE.
CORAL SPRINGS FL 33071

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

NOTE: Registered Agent Signature Required in Incorporating

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D
SCHWEITZER, BONNIE
471 N.W. 108TH AVE.
CORAL SPRINGS FL 33071

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96

DATE

SIGNATURE OF OTHER

CR2E034 (12/95)