

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AT**  
**Secretary of State**

**DOCUMENT # P95000077585**

1. Entity Name  
**FEDERAL DENTAL LABORATORY, INC.**

Principal Place of Business  
**4326 PARK BLVD., STE. H  
 PINELLAS PARK, FL 34665**

Mailing Address  
**4326 PARK BLVD., STE. H  
 PINELLAS PARK, FL 34665**

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-P CR2ED34 (11/06)

4. FBI Number  
**59-3145243**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, ART  
 120 SW 250TH ST  
 NEWBERRY, FL 32689**

**DO NOT WRITE IN THIS SPACE**

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]* **01-20-06**

Signatures to be filed in printed format or scanned report and date of application. (NOTE: Registered Agent signature required when withdrawing agent.)

FILE NUMBER: FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fee

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY ST ZIP	P GANGADEEN, ROGER 4326 PARK BLVD., STE. H PINELLAS PARK, FL 34665
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 04/11/06-80014-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 partnership or trustee empowered to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an address, with authority so empowered.

SIGNATURE: *[Signature]* **01-20-06 727-547-0686**

Print Name and Title on front of enclosed envelope or director's card.