

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000037372

Entity Name: WILLIS DENTAL LAB, INC.

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1020 NW 61ST TERR.  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1020 NW 61ST TERR.  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 59-3379968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIS, WILLIAM A  
1020 NW 61ST TERR.  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIS, WILLIAM A  
Address: 1020 NW 61ST TERR.  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. WILLIS

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date