

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088931

FILED
Apr 21, 2009
Secretary of State

Entity Name: DAVIDSON DENTAL LAB INC

Current Principal Place of Business:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 US

New Principal Place of Business:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34289 US

Current Mailing Address:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 US

New Mailing Address:

3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34289 US

FEI Number: 65-0707789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, LESLIE A
3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

DAVIDSON, LESLIE A
3135 BOBCAT VILLAGE CTR RD
NORTH PORT, FL 34289 US

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: LESLIE DAVIDSON

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIDSON, STEVEN J
Address: 1490 CARSWELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP () Delete
Name: DAVIDSON, LESLIE A
Address: 1490 CARSWELL STREET
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: VP () Delete
Name: DAVIDSON, ROBERT J
Address: 5158 FOXHALL RD
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LESLIE DAVIDSON

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date