

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091883

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: HLB DENTAL PROSTHETICS, INC.

## Current Principal Place of Business:

3112 SOUTHGATE CIRCLE #22  
SARASOTA, FL 34239 US

## New Principal Place of Business:

3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 US

## Current Mailing Address:

3112 SOUTHGATE CIRCLE  
##22  
SARASOTA, FL 34239

## New Mailing Address:

3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 US

FEI Number: 59-3433575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BYRNE, HELENA  
3112 SOUTHGATE CIRCLE #22  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

BYRNE, HELENA  
3112 SOUTHGATE CIRCLE #22  
#22  
SARASOTA, FL 34239 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: HELENA L BYRNE

03/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BYRNE, HELENA  
Address: 3112 SOUTHGATE CIRCLE #22  
City-St-Zip: SARASOTA, FL 34239

Title: PVST ( ) Delete  
Name: BYRNE, HELENA  
Address: 3112 SOUTHGATE CIRCLE #22  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HELENA L BYRNE

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date