

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004036

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

**Entity Name:** INDENTURED ORTHODONTIC LAB, INC.

**Current Principal Place of Business:**

416-14 AVE NE  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

416-14 AVE NE  
ST PETERSBURG, FL 33701

**New Mailing Address:**

FEI Number: 59-3491475

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ZAHN, M C  
416-14 AVE NE  
ST PETERSBURG, FL 33701 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: ZAHN, M C  
Address: 416-14 AVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

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: MARY CATHERINE ZAHN

D

03/16/2010

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

\_\_\_\_\_ Date