

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 91218 002 \*\*\*150.00

DOCUMENT # P98000005874

1. Entity Name  
SOUTH PARK DENTAL LAB., INC.



Principal Place of Business  
1180 SPRING CENTRE SOUTH BLVD  
SUITE #380  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
1180 SPRING CENTRE SOUTH BLVD  
SUITE #380  
ALTAMONTE SPRINGS, FL 32714

**24066649**

**DO NOT WRITE IN THIS SPACE**

04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3505758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KIHWAN, KIM  
1180 SPRING CENTRE SOUTH BLVD  
#380  
ALTAMONTE SPRINGS, FL 32714

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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE DVP  
NAME KIHWAN, KIM  
STREET ADDRESS 652 STONEFIELD LOOP  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE DVP  
NAME ELIN-JOO, KIM  
STREET ADDRESS 652 STONEFIELD LOOP  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/30/04*