

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048100

Entity Name: MARTIN DENTAL LAB, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

407 SW SILVER PALM COVE
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

407 SW SILVER PALM COVE
PT. ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0840643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROSA
407 SW SILVER PALM COVE
PT. ST. LUCIE, FL 34986 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: PD () Delete
Name: MARTIN, JOSE
Address: 407 SW SILVER PALM COVE
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: VPSD () Delete
Name: MARTIN, ROSA
Address: 407 SW SILVER PALM COVE
City-St-Zip: PT. ST. LUCIE, FL 34986

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: ROSA MARTIN

VPSD

03/31/2009

Electronic Signature of Signing Officer or Director

Date