

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068395

Entity Name: THE CENTER DENTAL LAB, INC.

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

111 2ND AVE NE, SUITE 1104  
ST PETERSBURG, FL 33701

## New Principal Place of Business:

## Current Mailing Address:

111 2ND AVE NE, SUITE 1104  
ST PETERSBURG, FL 33701

## New Mailing Address:

FEI Number: 59-3524786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUPONT, GLENN E  
111 2ND AVE NE, SUITE 1104  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

DUPONT, GLENN E VP  
111 2ND AVE NE, SUITE 1104  
ST PETERSBURG, FL 33701 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: GLENN E. DUPONT

02/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRUNDSET, KENNETH W PRES  
Address: 111 2ND AVE NE, SUITE 1104  
City-St-Zip: ST PETERSBURG, FL 33701

Title: S/T ( ) Delete  
Name: WILKERSON, DEWITT SEC/TR  
Address: 111 2ND AVE NE, SUITE 1104  
City-St-Zip: ST PETERSBURG, FL 33701

Title: VP ( ) Delete  
Name: DUPONT, GLENN E VP  
Address: 111 2ND AVE NE, SUITE 1104  
City-St-Zip: ST PETERSBURG, FL 33701

## 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: GLENN E. DUPONT

VP

02/08/2008

Electronic Signature of Signing Officer or Director

Date