
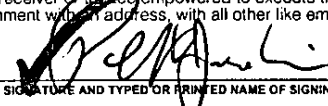


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90053 008 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P99000000947 | | | |  | |
| 1. Entity Name JAWORSKI DENTAL SERVICE LABORATORY, P.A. | | | | | |
| Principal Place of Business 3990 CLARK ROAD SARASOTA, FL 34233 | | | Mailing Address 3990 CLARK ROAD SARASOTA, FL 34233 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 2381 Fruitville Road | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State SARASOTA, FL | | 4. FEI Number 65-0885132 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 34237 | | Country | | 6. Name and Address of Current Registered Agent | |
| | | | | 7. Name and Address of New Registered Agent | |
| LAMBRECHT, WILLIAM G 200 S. ORANGE AVENUE SARASOTA, FL 34236 | | Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST JAWORSKI, PAUL 3990 CLARK ROAD SARASOTA, FL 34233 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  | | | Paul H. Jaworski 1/23/08 941 981-7053 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |