2000 UNIFORM BUSINESS REPOR				,		FILED_	_ ==	
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BETHEL DENTAL LAB, INC.				1		ETARY OF		
riacinal Plac	e of Business	Mailing Address			TALE	Ally SEE, F	LORIDA	
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10-A WEST B RGO FL 3377		2610-A WEST BAY DRIVE LARGO FL 33770-1937						
. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. FEI Number	9-3030077	A	pplied For	
Zip	Country	Zip	Country		<u> </u>	\$8.75 Ad	ot Applicable ditional	
•				5. Certificate of Star		Fee Require		
	6. Name and Address of Curr	ent Registered Agent	Name	7. Name and Address	ess of New Regis	tered Agent		
COLL, CARLOS 2257 MANOR BLVD N.		,	Street Address		(P.O. Box Number is Not Acceptable)			
	ARWATER FL 33765				<u> </u>			
	•	•	City			FL Zip Cox	de	
					<del></del>			
The above	named entity submits this statemer	nt for the purpose of changing	its registered office or regis	stered agent, or both, in the	ne State of Florida i	•	1	
					ne State of Florida			
. The above	named entity submits this statement in the statement is submitted to the statement in the statement in the statement is submitted to the statement in the state		its registered office or regis		ne State of Florida	DATE		
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