

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80585

FILED
Apr 29, 2009
Secretary of State

Entity Name: MID FLORIDA DENTAL LAB, INC.

Current Principal Place of Business:

205 SE 7TH ST
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

205 SE 7TH ST
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3087232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VITTO, JOHN
205 S.E. 7TH STREET
OCALA, FL 34471 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: P () Delete
Name: VITTO, JOHN
Address: 4510 SE 48TH PL RD.
City-St-Zip: OCALA, FL 34480

Title: VP () Delete
Name: VITTO, MARY ANN
Address: 4510 SE 48TH PL RD.
City-St-Zip: OCALA, FL 34480

Title: P () Delete
Name: VITTO, JOHN
Address: 4510 SE 48TH PL RD.
City-St-Zip: OCALA, FL 34480

Title: T () Delete
Name: VITTO, JASON J
Address: 5110 SE PECAN ROAD
City-St-Zip: OCALA, FL 34472

Title: S () Delete
Name: PETENBRINK, TARA
Address: 4615 SE 48TH PLACE RD
City-St-Zip: OCALA, FL 34480

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:

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: JOHN VITTO

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date