

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V25760** (2)

1. Corporation Name

**SUNSHINE PROFESSIONAL DENTAL LAB, INC.**



Principal Place of Business

**6057 JOHNSON STREET  
HOLLYWOOD FL 33024**

Mailing Address

**6057 JOHNSON STREET  
HOLLYWOOD FL 33024**

3. Date Incorporated or Qualified

**04/02/1992**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0410277**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERDOIZA, MILTON  
6057 JOHNSON STREET  
HOLLYWOOD FL 33034**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD  
HERDOIZA, MILTON  
6057 JOHNSON ST.  
HOLLYWOOD FL 33024**

1 1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY - ST - ZIP

14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

2 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY - ST - ZIP

23 STREET ADDRESS

TITLE ☐ DELETE

NAME

3 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

32 NAME

CITY - ST - ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

NAME

4 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

42 NAME

CITY - ST - ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

NAME

5 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY - ST - ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

6 1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY - ST - ZIP

63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*M. Herdoiza R.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-96**

Date

**954-983-2078**

Daytime Phone #

CR2E034 (12/95)