

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001636

FILED
Feb 07, 2013
Secretary of State
CC3026242061

Entity Name: NATIONAL ASSOCIATION OF DENTAL LABORATORIES, INC.

Current Principal Place of Business:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

Current Mailing Address:

325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303

FEI Number: 53-0214880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NAPIER, BENNETT CAE
325 JOHN KNOX RD - L-103
TALLAHASSEE, FL 32303 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PP
Name ROGERS, WARREN
Address 3659 TAMPA RD
City-State-Zip: OLDSMAR FL 34677

Title P
Name MARTIN, HENRY
Address 33 GAMECOCK AVE
City-State-Zip: CHARLESTON SC 29407

Title PE
Name IOCCO, GARY
Address 1945 E 31ST ST
City-State-Zip: HASTINGS MN 55033

Title TR
Name BURDETTE, HAROLD
Address 131 LYON LN
City-State-Zip: BIRMINGHAM AL 35211

Title NBC
Name SHEPPARD, LAURA
Address 5601 ARNOLD ROAD
City-State-Zip: DUBLIN CA 94568

Title ED
Name NAPIER, BENNETT CAE
Address 325 JOHN KNOX RD L103
City-State-Zip: TALLAHASSEE FL 32301

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BENNETT NAPIER, CAE

ED

02/07/2013

Electronic Signature of Signing Officer/Director Detail

Date