2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P02000060114

Entity Name: ORTHOMAX DENTAL LAB. SERVICES, INC.

Current Principal Place of Business:

12237 SW 132ND CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12237 SW 132ND CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 02-0633342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHACIN, REINALDO J
12413 SW 124 TER
MIAMI, FL 33186 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

OFFICERS AND DIRECTORS:

Title: P
Name: CHACIN, REINALDO J SR.
Address: 12237 SW 132ND ST
City-St-Zip: MIAMI, FL 33186

Title: VP
Name: CHACIN, NORVY M
Address: 12237 SW 132ND ST
City-St-Zip: MIAMI, FL 33186

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

SIGNATURE: REINALDO J CHACIN MR. 04/21/2011
Electronic Signature of Signing Officer or Director Date