

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 610861

Entity Name: SUN COAST DENTAL LABORATORY, INC.

Current Principal Place of Business:

11 NE 15TH AVE, STE B
POMPANO BEACH, FL 33060

Current Mailing Address:

11 NE 15TH AVE, STE B
POMPANO BEACH, FL 33060

FEI Number: 59-1887685

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HINRICHSEN, UWE
11 NE 15 AVE, STE A
POMPANO BEACH, FL 33060 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 PD
Name HINRICHSEN, UWE T
Address 11 NE 15 AVE, STE A
City-State-Zip: POMPANO BAECH FL 33060

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: UWE HINRICHSEN

PRESIDENT

03/18/2013

Electronic Signature of Signing Officer/Director Detail

Date