

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F91986

**Entity Name:** WINTER SPRINGS DENTAL LAB, INC.

**Current Principal Place of Business:**

620 SR 434 STE 5  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

620 SR 434 STE 5  
WINTER SPRINGS, FL 32708 US

**FEI Number:** 59-2210553

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLACK, MICHAEL  
620 SR 434 STE 5  
WINTER SPRINGS, FL 32708 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:** MICHAEL C. BLACK

02/07/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BLACK, MICHAEL C  
Address 620 SR 434 STE 5  
City-State-Zip: WINTER SPRINGS FL 32708

Title V  
Name BLACK, MICHAEL C  
Address 620 SR 434 STE 5  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** MICHAEL C BLACK

OWNER

02/07/2019

Electronic Signature of Signing Officer/Director Detail

Date