

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J77176

**Entity Name:** SUNCOAST DENTAL LAB OF PENSACOLA, INC.

**Current Principal Place of Business:**

6851 NORTH PALAFOX STREET  
PENSACOLA, FL 32503

**Current Mailing Address:**

6851 NORTH PALAFOX STREET  
PENSACOLA, FL 32503 US

**FEI Number:** 59-2822545

**Certificate of Status Desired:** No

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

BROOKS, HERMAN L  
8010 BEULAH ROAD  
PENSACOLA, FL 32526 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	SD	Title	PD
Name	BROOKS, HERMAN L	Name	MILLS, RONALD E
Address	8010 BEULAH ROAD	Address	101 SOUTH JAMAICA STREET
City-State-Zip:	PENSACOLA FL 32526	City-State-Zip:	PENSACOLA FL 32526
Title	GENERAL MANAGER		
Name	MILLS, RICHARD E.		
Address	406 WEST SUNSET AVE		
City-State-Zip:	PENSACOLA FL 32507		

*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:** RONALD MILLS

PD

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date