

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138575

**Entity Name:** MID DENTAL LAB INC.

**Current Principal Place of Business:**

9810 N.W. 80 AVE  
UNIT -8W  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

9810 N.W. 80 AVE  
UNIT -8W  
HIALEAH GARDENS, FL 33016 US

**FEI Number:** 20-1717866

**Certificate of Status Desired:** No

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

DANIEL, MARIA E  
2463 W 72ND STREET  
HIALEAH GARDENS, FL 33016 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 DP  
Name DANIEL, MARIA E  
Address 2463 W 72ND STREET  
City-State-Zip: HIALEAH GARDENS FL 33016

Title DV  
Name DANIEL, ISRAEL D  
Address 2463 W 72ND STREET  
City-State-Zip: HIALEAH GARDENS FL 33016

Title SECRETARY, TREASURER  
Name DANIEL , YOIKEL  
Address 2463 W 72ND STREET  
City-State-Zip: HIALEAH FL 33016

*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:** MARIA E. DANIEL

DP

05/19/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date