

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000014537

**Entity Name:** A PLUS DENTAL LAB, INC.

**Current Principal Place of Business:**

409 MONTGOMERY ROAD  
SUITE 151  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

409 MONTGOMERY ROAD  
SUITE 151  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 27-4901154

**Certificate of Status Desired:** No

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

KANG, HYUNG S  
409 MONTGOMERY ROAD  
SUITE 151  
ALTAMONTE SPRINGS, FL 32714 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 CHO, JONG H  
Address 1315 HAMPSHIRE PLACE CIR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title STD  
Name KANG, HYUNG S  
Address 1315 HAMPSHIRE PLACE CIR  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** JONG H CHO

**PRESIDENT**

**04/14/2016**

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

\_\_\_\_\_  
Date