

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000005832

**Entity Name:** ALL MEDIA DENTAL LAB, INC.

**Current Principal Place of Business:**

12905 SW 132ND ST  
SUITE 2  
MIAMI, FL 33186

**Current Mailing Address:**

12905 SW 132ND ST  
SUITE 2  
MIAMI, FL 33186 US

**FEI Number:** 45-4367290

**Certificate of Status Desired:** No

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

ALMEIDA, MIGUEL  
12905 SW 132ND ST  
SUITE 2  
MIAMI, FL 33186 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 P, D  
Name ALMEIDA, MIGUEL  
Address 14765 SW 174 ST  
City-State-Zip: MIAMI FL 33187

Title VP,D  
Name ALMEIDA, MIGUEL AJR  
Address 14765 SW 174 ST  
City-State-Zip: MIAMI FL 33187

*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:** MIGUEL ALMEIDA

VP, DIRECTOR

04/30/2017

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

\_\_\_\_\_  
Date