

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002351

**Entity Name:** PRO-TECH YOUR TEETH DENTAL LAB, INC.

**Current Principal Place of Business:**

190 O'BRIEN RD  
FERN PARK, FL 32730

**Current Mailing Address:**

190 O'BRIEN RD  
FERN PARK, FL 32730

**FEI Number:** 59-3421217

**Certificate of Status Desired:** No

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

SCHIEBER, RAYMOND  
190 O'BRIEN RD  
FERN PARK, FL 32730 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 D  
Name SCHIEBER, RAYMOND  
Address 8889 BUTTERNUT BLVD.  
City-State-Zip: ORLANDO FL 32817

Title D  
Name SCHIEBER, NANCY J  
Address 8889 BUTTERNUT BLVD.  
City-State-Zip: ORLANDO FL 32817

*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:** RAYMOND SCHIEBER

**PRESIDENT**

**04/03/2015**

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

\_\_\_\_\_  
Date