Electronic Signature of Signing Officer/Director Detail

#### 2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000011376

Entity Name: CUSTOM DENTAL LAB SERVICES, INC.

#### **Current Principal Place of Business:**

926 GREAT POND DR. 2004 ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

926 GREAT POND DR. 2004 ALTAMONTE SPRINGS, FL 32714

## FEI Number: 59-3424428

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

KATSUR, JAMES T 926 GREAT POND DRIVE 2003 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:

# Officer/Director Detail :

Title	Т	Title	S
Name	KATSUR, JAMES TDR.	Name	GREENBERG, ANDREW DR.
Address	926 GREAT POND DR. SUITE 2004	Address	926 GREAT POND DR. SUITE 2004
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	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: JAMES T KATSUR

REGISTERED AGENT 04/1

04/10/2013

Date

FILED Apr 10, 2013 Secretary of State CC6204952254

Certificate of Status Desired: No

Date