

**2013 FLORIDA PROFIT CORPORATION 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**

**Certificate of Status Desired: No**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

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

Title            P  
Name            MCCANN, MICHAEL  
Address        926 GEAT POND DRIVE, SUITE 2004  
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**

**04/09/2013**

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

\_\_\_\_\_  
Date