

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000073759

**Entity Name:** ADONIS DENTAL LAB INC.

**Current Principal Place of Business:**

5208 JAMMES RD  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5208 JAMMES RD  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3470737

**Certificate of Status Desired:** No

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

FIRST COAST TAX & ACCOUNTING  
5576 TIMUQUANA RD  
UNIT 2  
JACKSONVILLE, FL 32210 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  
Name IGNACIO, ADONIS  
Address 1408 N COVE COURT  
City-State-Zip: ORANGE PARK FL 32073

Title VTS  
Name IGNACIO, ANNABELLE  
Address 1408 N COVE COURT  
City-State-Zip: ORANGE PARK FL 32073

*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:** ADONIS IGNACIO

P

01/21/2015

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

\_\_\_\_\_  
Date