

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000068156

Entity Name: NATURAL AESTHETIC DENTAL LABORATORY, INC.

Current Principal Place of Business:

5838 BAKER ROAD
NEW PORT RICHEY, FL 34653

Current Mailing Address:

5838 BAKER ROAD
NEW PORT RICHEY, FL 34653

FEI Number: 59-3592858

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILAIHONG, DETTHANONGSIN
5838 BAKER RD
NEW PORT RICHEY, FL 34653 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 VILAIHONG, DETTHANONGSIN
Address 5838 BAKER ROAD
City-State-Zip: NEW PORT RICHEY FL 34653

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: DETTHANONGSIN VILAIHONG

PRESIDENT

04/26/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date