

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S59405

**Entity Name:** VELO DENTAL LABORATORIES, INC.

**Current Principal Place of Business:**

415 MONTGOMERY RD. STE 175  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

415 MONTGOMERY RD. STE 175  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-3078782

**Certificate of Status Desired:** No

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

VELO, JOSE A  
415 MONTGOMERY RD. STE 175  
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:** JOSE A VELO

01/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            VELO, JOSE A  
Address        415 MONTGOMERY RD. STE 175  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            VELO, MIRIAM T  
Address        415 MONTGOMERY RD, STE 175  
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:** JOSE A VELO

**PRESIDENT**

01/19/2019

Electronic Signature of Signing Officer/Director Detail

Date