

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003008

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

**Current Principal Place of Business:**

1099 WILBURN ROAD  
HEBER SPRINGS, AR 72543

**Current Mailing Address:**

2 VISION DRIVE  
NATICK, MA 01760

**FEI Number: 71-0587320**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DCEO, PRESIDENT  
Name CASPER, STEVEN  
Address 102 SEGOVIA WAY  
City-State-Zip: JUPITER FL 33458

Title VPS  
Name BANKS, ELDRIDGE  
Address 1771 W. COMMUNITY DRIVE  
City-State-Zip: JUPITER FL 33458

Title VPT  
Name SCHANTZ, MICHAEL  
Address 18217 BITTERN AVE  
City-State-Zip: LUTZ FL 33558

Title VP  
Name THOMPSON, SCOTT  
Address 3910 RCA BOULEVARD  
SUITE 1015  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name BENISH, COREY  
Address 9591 PHIPPS LANE  
City-State-Zip: WELLINGTON FL 33414

*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: MICHAEL SCHANTZ**

**CFO, VP**

**04/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date