

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086031

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** LESTHER DENTAL LAB, INC.

**Current Principal Place of Business:**

4154 SW 70 CT  
MIAMI, FL 33155

**New Principal Place of Business:**

6850 SW 24 STREET  
SUITE 306  
MIAMI, FL 33155

**Current Mailing Address:**

4154 SW 70 CT  
MIAMI, FL 33155

**New Mailing Address:**

6850 SW 24 STREET  
SUITE 306  
MIAMI, FL 33155

**FEI Number:** 65-1135207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALONSO, HECTOR  
4154 SW 70 CT  
MIAMI, FL 33155 US

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

ALONSO, HECTOR  
6850 SW 24 STREET  
SUITE 306  
MIAMI, FL 33155 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:

04/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: ALONSO, HECTOR  
Address: 4154 SW 70 CT  
City-St-Zip: MIAMI, FL 33155

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: HECTOR ALONSO

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04/03/2012

Electronic Signature of Signing Officer or Director

Date