

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000138575

Entity Name: MID DENTAL LAB INC.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8050 N.W. 103RD STREET  
SUITE 204  
HIALEAH GARDENS, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

8050 N.W. 103RD STREET  
SUITE 204  
HIALEAH GARDENS, FL 33016

**New Mailing Address:**

FEI Number: 20-1717866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DANIEL, MARIA E  
2463 W 72ND STREET  
HIALEAH GARDENS, FL 33016 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: DANIEL, MARIA E  
Address: 2463 W 72ND STREET  
City-St-Zip: HIALEAH GARDENS, FL 33016

Title: DVS  
Name: DANIEL, ISRAEL D  
Address: 2463 W 72ND STREET  
City-St-Zip: HIALEAH GARDENS, FL 33016

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: MARIA E. DANIEL

DP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date