

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015799

Entity Name: FLORIDA DENTAL LAB, INC.

FILED
Jan 17, 2011
Secretary of State

Current Principal Place of Business:

2327 N. ANDREWS AVE.
WILTON MANORS, FL 333113924

New Principal Place of Business:

2327 N. ANDREWS AVE.
WILTON MANORS, FL 33311 US

Current Mailing Address:

2327 N. ANDREWS AVE.
WILTON MANORS, FL 333113924

New Mailing Address:

2327 N. ANDREWS AVE.
WILTON MANORS, FL 33311 US

FEI Number: 20-2265146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPATA, SANDRA P
113 S.W. 11TH COURT
STE B
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

ZAPATA, SANDRA P
10770 N.W. 26TH PLACE
SUNRISE, FL 33322 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: SANDRA P. ZAPATA

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ZAPATA, SANDRA P
Address: 10770 N.W. 26TH PLACE
City-St-Zip: SUNRISE, FL 33322

Title: VP
Name: BETANCUR, GERARDO
Address: 10770 N.W. 26TH PLACE
City-St-Zip: SUNRISE, FL 33322

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: SANDRA ZAPATA

P

01/17/2011

Electronic Signature of Signing Officer or Director

Date