2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2011
Secretary of State

DOCUMENT# P93000013540

Entity Name: HOSSEINI DENTAL LABORATORY, INC.

Current Principal Place of Business:

4043 BAYMEADOWS RD
STE. A
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

4043 BAYMEADOWS RD
STE. A
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3172985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSSEINI, MOHAMMED H. Z
4043 BAYMEADOWS RD.
SUITE A
JACKSONVILLE, FL 32217 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: PD
Name: HOSSEINI, MOHAMMED H Z
Address: 8635 VILLA SAN JOSE DRIVE, E
City-St-Zip: JACKSONVILLE, FL

Title: STD
Name: HOSSEINI, GRETCHEN
Address: 8635 VILLA SAN JOSE DRIVE, E
City-St-Zip: JACKSONVILLE, FL

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: GRETCHEN HOSSEINI STD 04/12/2011

Electronic Signature of Signing Officer or Director Date