

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000037125

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** ULTRADENT DENTAL LABORATORIES, CORP.

**Current Principal Place of Business:**

5545 SW 8 ST  
SUITE 103  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

5545 SW 8 ST  
SUITE 103  
MIAMI, FL 33134 US

**New Mailing Address:**

**FEI Number:** 65-0415583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAZQUEZ, OSVALDO  
5700 SW. 127TH AVENUE  
1409  
MIAMI, FL 33183 US

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

VAZQUEZ, OSVALDO  
5545 SW 8 ST  
103  
MIAMI, FL 33134 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

04/27/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: VAZQUEZ, OSVALDO  
Address: 5545 SW 8 ST #103  
City-St-Zip: MIAMI, FL 33134

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: OSVALDO VAZQUEZ

PRES

04/27/2011

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

\_\_\_\_\_  
Date