

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000026917

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** ST. LUCIE DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

1592 S.E.VILLAGE GREEN DR. UNIT E  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1592 S.E.VILLAGE GREEN DR. UNIT E  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 65-0487829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HU, YOUNG C  
1592 S.E. VILLAGE GREEN DR. UNIT E  
PORT ST. LUCIE, FL 34952 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: DPT  
Name: HU, YOUNG C  
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DVS  
Name: HU, YONGJA  
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D  
Name: HU, INHUI H  
Address: 1592 S.E. VILLAGE GREEN DR. UNIT E  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: YOUNG C HU

DPT

04/25/2012

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

\_\_\_\_\_  
Date