

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000002351

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** PRO-TECH YOUR TEETH DENTAL LAB, INC.

**Current Principal Place of Business:**

190 O'BRIEN RD  
FERN PARK, FL 32730

**New Principal Place of Business:**

**Current Mailing Address:**

190 O'BRIEN RD  
FERN PARK, FL 32730

**New Mailing Address:**

**FEI Number:** 59-3421217

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIEBER, RAYMOND  
190 O'BRIEN RD  
FERN PARK, FL 32730 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: D  
Name: SCHIEBER, RAYMOND  
Address: 8889 BUTTERNUT BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: D  
Name: SCHIEBER, NANCY J  
Address: 8889 BUTTERNUT BLVD.  
City-St-Zip: ORLANDO, FL 32817

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: RAYMOND SCHIEBER

D

04/26/2012

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

\_\_\_\_\_  
Date