

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000109114

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** APO ORTHODONTIC AND DENTAL LAB, INC.

**Current Principal Place of Business:**

1600 TOWN PLAZA COURT  
SUITE 1606  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1600 TOWN PLAZA COURT  
SUITE 1606  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 59-3490985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OUANO VELOSO, RIGOBERTO M  
2125 AMADOR PL  
OVIEDO, FL 32765 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: PS  
Name: VELOSO, RIGOBERTO MANUEL OUANO  
Address: 2125 AMADOR PL  
City-St-Zip: OVIEDO, FL 32765

Title: VT  
Name: VELOSO, MELANIE  
Address: 2125 AMADOR PL  
City-St-Zip: OVIEDO, FL 32765

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: MELANIE A. VELOSO

VP

04/14/2011

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

\_\_\_\_\_  
Date