

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S27023

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Entity Name:** L.R. DENTAL LAB CORPORATION

**Current Principal Place of Business:**

6460 NW 192 TERR  
HIALEAH, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6460 NW 192 TERR  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 65-0240312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUIZ, LUIS  
6460 NW 192 TERR  
HIALEAH, FL 33015 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: P  
Name: RUIZ, LUIS  
Address: 6460 MW 192 TERR  
City-St-Zip: HIALEAH, 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: LUIS RUIZ

P

02/12/2012

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

\_\_\_\_\_  
Date