

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M87367

**Entity Name:** T.M.J. DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

105 W. HOLLY AVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

105 W. HOLLY AVE  
ORANGE CITY, FL 32763 US

**FEI Number:** 59-2899664

**Certificate of Status Desired:** No

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

HINES, GERALD  
105 W. HOLLY AVENUE  
ORANGE CITY, FL 32763 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

Date

**Officer/Director Detail :**

Title	P	Title	V
Name	HINES, GERALD R	Name	HINES, KATHARINE
Address	1553 NAPLES CIRCLE	Address	1553 NAPLES CIRCLE
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL
Title	T	Title	S
Name	HINES, KATHARINE A	Name	HINES, KATHARINE
Address	105 W. HOLLY AVE	Address	1553 NAPLES CIRCLE
City-State-Zip:	ORANGE CITY FL 32763	City-State-Zip:	DELTONA FL 32738

*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:** GERALD R HINES

**PRESIDENT**

**04/02/2015**

Electronic Signature of Signing Officer/Director Detail

Date