

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000005263

**Entity Name:** D.C.C. DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

5700 LAKE WORTH RD. SUITE 100  
GREENACRES, FL 33463

**Current Mailing Address:**

5700 LAKE WORTH RD. SUITE 100  
GREENACRES, FL 33463

**FEI Number:** 20-0578707

**Certificate of Status Desired:** No

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

BARED & ASSOCIATES, P.A.  
2950 SW 27TH AVENUE #100  
MIAMI, FL 33133 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 PSD  
Name MENDEZ, CARLOS  
Address 5700 LAKE WORTH RD. SUITE 100  
City-State-Zip: GREENACRES FL 33463

*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:** CARLOS MENDEZ

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date