

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000005263

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

**Current Principal Place of Business:**

6295 LAKE WORTH RD  
SUITE #18  
GREENACRES, FL 33463

**Current Mailing Address:**

6295 LAKE WORTH RD  
SUITE #18  
GREENACRES, FL 33463 US

**FEI Number:** 20-0578707

**Certificate of Status Desired:** No

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

MENDEZ, CARLOS  
6295 LAKE WORTH RD  
SUITE #18  
GREENACRES, FL 33463 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:** CARLOS MENDEZ

01/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name MENDEZ, CARLOS  
Address 6295 LAKE WORTH RD  
SUITE #18  
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

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01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date