

2014 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

04/23/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date