

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000027505

**Entity Name:** RAM DENTAL LAB, INC.

**Current Principal Place of Business:**

6422 PEMBROKE RD  
MIRAMAR, FL 33023

**Current Mailing Address:**

6422 PEMBROKE RD  
MIRAMAR, FL 33023 US

**FEI Number:** 46-5236931

**Certificate of Status Desired:** No

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

ALEMAN, RAMPHY  
6422 PEMBROKE RD  
MIRAMAR, FL 33023 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  
Name ALEMAN, RAMPHY  
Address 6422 PEMBROKE RD  
City-State-Zip: MIRAMAR FL 33023

*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:** RAMPHY ALEMAN

**OWNER**

**04/26/2018**

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

\_\_\_\_\_  
Date