

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000067525

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

**Current Principal Place of Business:**

4370 SW 160 AVENUE  
MIAMI, FL 33185

**Current Mailing Address:**

4370 SW 160 AVENUE  
MIAMI, FL 33185

**FEI Number:** 47-1763977

**Certificate of Status Desired:** No

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

GONZALEZ, AGUSTIN  
4370 SW 160 AVENUE  
MIAMI, FL 33185 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           | PT                 | Title           | VPS                |
| Name            | GONZALEZ, AGUSTIN  | Name            | BOUZA, CRISTINA    |
| Address         | 4370 SW 160 AVENUE | Address         | 4370 SW 160 AVENUE |
| City-State-Zip: | MIAMI FL 33185     | City-State-Zip: | MIAMI FL 33185     |

*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:** CRISTINA BOUZA

VPS

04/21/2015

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

\_\_\_\_\_ Date