

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000070087

**Entity Name:** SUN DENTAL LABORATORY SERVICES, INC.

**Current Principal Place of Business:**

600 BAY DR.  
NEW SMYRNA BCH., FL 32168

**Current Mailing Address:**

600 BAY DR.  
NEW SMYRNA BCH., FL 32168

**FEI Number: 81-3472400**

**Certificate of Status Desired:** No

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

DONAWA, MERNA  
600 BAY DR.  
NEW SMYRNA BCH., FL 32168 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 D  
Name DONAWA, MERNA  
Address 600 BAY DR.  
City-State-Zip: NEW SMYRNA BCH. FL 32168

*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: MERNA DONAWA**

**OWNER**

**04/29/2019**

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

\_\_\_\_\_  
Date