

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000013540

**Entity Name:** HOSSEINI DENTAL LABORATORY, INC.

**Current Principal Place of Business:**

4043 BAYMEADOWS RD  
STE. A  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

4043 BAYMEADOWS RD  
STE. A  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-3172985

**Certificate of Status Desired:** No

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

HOSSEINI, MOHAMMED H. Z  
4043 BAYMEADOWS RD.  
SUITE A  
JACKSONVILLE, FL 32217 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 PD  
Name HOSSEINI, MOHAMMED H Z  
Address 8635 VILLA SAN JOSE DRIVE, E  
City-State-Zip: JACKSONVILLE FL

Title STD  
Name HOSSEINI, GRETCHEN  
Address 8635 VILLA SAN JOSE DRIVE, E  
City-State-Zip: JACKSONVILLE FL

*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:** GRETCHEN HOSSEINI

**SEC**

**02/28/2016**

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

\_\_\_\_\_  
Date