

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000047189

Entity Name: LINCOLN DENTAL LAB, INC.

Current Principal Place of Business:

2830 NW 41ST STREET
SUITE A
GAINESVILLE, FL 32606

Current Mailing Address:

2830 NW 41ST STREET
SUITE A
GAINESVILLE, FL 32606 US

FEI Number: 59-3319721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINCOLN, HOWARD
2830 NW 41ST ST
SUITE A
GAINESVILLE, FL 32606 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 PM
Name LINCOLN, HOWARD
Address 2830 N.W. 41ST STREET, SUITE A
City-State-Zip: GAINESVILLE FL 32606

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: HOWARD LINCOLN

PM

03/09/2017

Electronic Signature of Signing Officer/Director Detail

Date