

**2023 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

**PRESIDENT**

**01/19/2023**

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

\_\_\_\_\_  
Date