

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S80585

Entity Name: MID FLORIDA DENTAL LAB, INC.

Current Principal Place of Business:

5331 SE MARICAMP ROAD
OCALA, FL 34480

Current Mailing Address:

5331 SE MARICAMP ROAD
OCALA, FL 34480 US

FEI Number: 59-3087232

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITTO, JOHN
5391 SE MARICAMP ROAD
OCALA, FL 34480 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 P
Name VITTO, JOHN
Address 4510 SE 48TH PL RD.
City-State-Zip: Ocala FL 34480

Title VP
Name VITTO, MARY ANN
Address 4510 SE 48TH PL RD.
City-State-Zip: Ocala FL 34480

Title T
Name VITTO, JASON J
Address 5110 SE PECAN ROAD
City-State-Zip: Ocala FL 34472

Title S
Name PETENBRINK, TARA
Address 4615 SE 48TH PLACE RD
City-State-Zip: Ocala FL 34480

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: MARYANN VITTO

VICE PRESIDENT

01/07/2020

Electronic Signature of Signing Officer/Director Detail

Date