2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2024
Secretary of State
8355095509CC

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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: Yes

Name and Address of Current Registered Agent:

VITTO, JOHN
5331 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	Title	VP
Name	VITTO, JOHN	Name	VITTO, MARY ANN
Address	4510 SE 48TH PL RD.	Address	4510 SE 48TH PL RD.
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480
Title	T	Title	S
Name	VITTO, JASON J	Name	PETENBRINK, TARA
Address	1625 SW 80TH ST	Address	4615 SE 48TH PLACE RD
City-State-Zip:	OCALA FL 34476	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: JOHN VITTO PRESIDENT/OWNER 02/05/2024

Electronic Signature of Signing Officer/Director Detail — Date