

2021 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	1625 SW 80TH ST
City-State-Zip:	OCALA FL 34476

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: JOHN VITTO**PRESIDENT****03/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date