

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000060123

**Entity Name:** IV DENTAL LABORATORY LLC

**Current Principal Place of Business:**

11521 NW 29TH ST  
SUNRISE, FL 33323

**Current Mailing Address:**

11521 NW 29TH ST  
SUNRISE, FL 33323 US

**FEI Number:** 90-0735809

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VILLAR, ISRAEL  
11521 NW 29TH ST  
SUNRISE, FL 33323 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:**

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name VILLAR, ISRAEL  
Address 11521 NW 29TH ST  
City-State-Zip: SUNRISE FL 33323

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ISRAEL VILLAR

MGRM

01/07/2013

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Electronic Signature of Signing Authorized Person(s) Detail

Date