

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H08416

FILED  
Jan 30, 2003  
Secretary of State

Entity Name: QUALITY DENTAL CARE, INC.

**Current Principal Place of Business:**

2150 TAMIAMI TR.,#19  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

2150 TAMIAMI TR.,#19  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 59-2442979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANISZ, ANTHONY R DDS  
2150 TAMIAMI TR.,#19  
PORT CHARLOTTE, FL 33948 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANISZ, ANTHONY R DR  
Address: 23387 WESTCHESTER BLVD  
City-St-Zip: PORT CHARLOTTEE, FL 33980

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ANISZ, ANTHONY R DR  
Address: 23275 DUCHESS AVE  
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY R ANISZ

P

01/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date