

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000105751

**Entity Name:** QUEST DENTAL, INC

**Current Principal Place of Business:**

4611 S UNIVERSITY DR  
SUITE 138  
DAVIE, FL 33328

**Current Mailing Address:**

4611 S UNIVERSITY DR  
SUITE 138  
DAVIE, FL 33328

**FEI Number:** 26-3912572

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLHASSEE, FL 32301 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, SECRETARY, TREASURER, VP  
Name            MIKE, PARKER  
Address        SUITE 138 4611 S UNIVERSITY DR  
City-State-Zip: DAVIE FL 33328

Title            AUTHORIZED PERSON  
Name            DEANTONIO, CHRIS  
Address        SUITE 200 8275 SOUTH EASTERN  
                    AVENUE  
City-State-Zip: LAS VEGAS NV 89123

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:** CHRIS DEANTONIO

**AUTHORIZED PERSON**

**04/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date