

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000084025

**Entity Name:** AMERI-DENT, INC.

**Current Principal Place of Business:**

10735 SW 216 ST  
UNIT 414  
MIAMI, FL 33170

**Current Mailing Address:**

10735 SW 216 ST  
UNIT 414  
MIAMI, FL 33170 US

**FEI Number:** 65-0869714

**Certificate of Status Desired:** Yes

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

HARTSOCK, BETSY  
1401 WOODPECKER ST  
HOMESTEAD, FL 33035 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            D  
Name            HARTSOCK, BETSY  
Address        1401 WOODPECKER ST  
City-State-Zip: HOMESTEAD FL 33035

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:** BETSY HARTSOCK

**DIRECTOR**

**01/15/2018**

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

\_\_\_\_\_  
Date