

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001631

**Entity Name:** DENTAL IMAGING TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

1910 N. PENN ROAD  
HATFIELD, PA 19440

**Current Mailing Address:**

1910 N. PENN ROAD  
HATFIELD, PA 19440 US

**FEI Number:** 51-0616037

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CHARLES A. SCHWERTNER

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KYRILLOS, JC  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            VP  
Name            KAABI, FAEZ  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            CHARMAINE  
Name            TAN, BALANAY  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            VICE PRESIDENT & TREASURER  
Name            QUIHUIS, MARCO  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            VICE PRESIDENT AND SECRETARY  
Name            TURNER, HEATHER  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            VICE PRESIDENT - FINANCE  
Name            PENSA, MARC  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            AUTHORIZED SIGNATORY (WITH LIMITED POWER OF ATTORNEY)  
Name            REIS, MISCHA  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

Title            AUTHORIZED SIGNATORY (WITH LIMITED POWER OF ATTORNEY)  
Name            SONTHALIA, AMIT  
Address        1910 N. PENN ROAD  
City-State-Zip: HATFIELD PA 19440

*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:** FAEZ KAABI

**VICE PRESIDENT**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date