

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H08416**

1. Entity Name  
QUALITY DENTAL CARE, INC.



Principal Place of Business  
2150 TAMiami TR., #19  
PORT CHARLOTTE, FL 33948

Mailing Address  
2150 TAMiami TR., #19  
PORT CHARLOTTE, FL 33948

**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2442979

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME ANISZ, ANTHONY R DR  
STREET ADDRESS 23275 DUCHESS AVE  
CITY-ST-ZIP PORT CHARLOTTE, FL 33954

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000597486  
01/24/07-80039-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #