

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000105751

Entity Name: QUEST DENTAL, INC

FILED
Jul 10, 2009
Secretary of State

Current Principal Place of Business:

9369 SHERIDAN ST
SUITE 508
COOPER CITY, FL 33024

Current Mailing Address:

9369 SHERIDAN ST
SUITE 508
COOPER CITY, FL 33024

New Principal Place of Business:

4611 S UNIVERSITY DR
SUITE 138
DAVIE, FL 33328

New Mailing Address:

4611 S UNIVERSITY DR
SUITE 138
DAVIE, FL 33328

FEI Number: 26-3912572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, MIKE A
2010 NW 99TH AVE
PEMBROKE PINES, FL 33024 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHAEL, PARKER
Address: 2010 NW 99 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: LOPEZ, DAVID
Address: 3601 NW 97 AVE
City-St-Zip: COOPER CITY, FL 33024

Title: VP (X) Delete
Name: MOLINA, LUIS
Address: 7605 DAVIE RD EXT
City-St-Zip: DAVIE, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LOPEZ, DAVID
Address: 3601 NW 97 AVE
City-St-Zip: COOPER CITY, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DAVID LOPEZ

S

07/10/2009

Electronic Signature of Signing Officer or Director

Date