FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017920 (6)**

1. Corporation Name

QUALITY DENTAL, INC.

Principal Place of Business	Mailing Address
400 SO. DIXIE HWY.. SUITE 13 LAKE WORTH FL 33460	400 SO. DIXIE HWY.. SUITE 13 LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 04/01/1995

3a. Date of Last Report:

2. Principal Place of Business — 21: Same

2a. Mailing Address — 26: Same

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24:

Country — 25:

Zip — 29:

Country — 30:

4. FEI Number: EIN NUMBER 65-0571044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEDERSEN, PIRKKO I DDS
400 SO. DIXIE HWY., SUITE 13
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): n/a

83:

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: n/a DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PIRKKO I. PEDERSEN		1.2 NAME		
STREET ADDRESS	400 SO DIXIE HWY, SUITE #13		1.3 STREET ADDRESS	n/a	
CITY-ST-ZIP	LAKE WORTH, FL. 33460		1.4 CITY-ST-ZIP		
TITLE	SE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	n/a		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	n/a	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER		3.1 TITLE		☐ Change ☐ Addition
NAME	PIRKKO I. PEDERSEN		3.2 NAME		
STREET ADDRESS	400 SO DIXIE HWY, SUITE #13		3.3 STREET ADDRESS	n/a	
CITY-ST-ZIP	LAKE WORTH, FL. 33460		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	n/a		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	n/a	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	n/a		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	n/a	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	n/a		6.2 NAME	***200.00	
STREET ADDRESS			6.3 STREET ADDRESS	n/a	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pirkko I. Pedersen D.D.S 4/25/96 407-582-1034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President of Corporation

CR2E034 (12/95)