

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017920

1. Entity Name

QUALITY DENTAL, INC.

Principal Place of Business

400 SO. DIXIE HWY., SUITE 13
LAKE WORTH FL 33460

Mailing Address

400 SO. DIXIE HWY., SUITE 13
LAKE WORTH FL 33460

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90145 002 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>400 So Dixie Hwy, Suite 13</i>	3. Mailing Address <i>Suite, Apt. #, etc. #13</i>
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4. Suite, Apt. #, etc. <i>Suite #13</i>	5. City & State <i>LAKE NORTH, FL</i>	6. Zip <i>33460</i>	7. Country <i>U.S.A</i>
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4. FEI Number 65-0571044	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent PEDERSEN, PIRKKO DDS 400 SO. DIXIE HWY., SUITE 13 LAKE WORTH FL 33460	7. Name and Address of New Registered Agent Name <i>Peders</i> Street Address (P.O. Box Number is Not Acceptable) <i>la</i> City <i>FL</i>
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7. Name and Address of New Registered Agent

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. SIGNATURE <i>Peders</i> DATE <i>April 8, 2002</i>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST PEDERSEN, PIRKKO 400 SO. DIXIE HWY., SUITE 13 LAKE WORTH FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peders D. J. Peders, President, April 8, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIRKKO DDS PEDERSEN, PRESIDENT

Date

Daytime Phone #

CR2E034 (5/01)