


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P95000017920	
1. Entity Name QUALITY DENTAL, INC.	

Principal Place of Business 400 SO. DIXIE HWY SUITE 13 LAKE WORTH, FL 33460 US	Mailing Address 400 SO. DIXIE HWY SUITE 13 LAKE WORTH, FL 33460 US
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0571044	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: *Pirkko I. Pedersen DDS* **PIRKKO I. PEDERSEN, DDS**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PST	NAME PEDERSEN, PIRKKO I
STREET ADDRESS 400 SO. DIXIE HWY., SUITE 13	
CITY-ST-ZIP LAKE WORTH, FL 33460	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/07-80064-004 150.00

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: *Pirkko I. Pedersen DDS* **Pirkko I. Pedersen, DDS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *April 4, 2007*
561-582-1034