

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086077

FILED
Jul 03, 2006
Secretary of State

Entity Name: QUALITY DENTAL NETWORK, INC.

Current Principal Place of Business:

427 CENTER POINTE CIRCLE
SUITE 1827
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

110 W. ORANGE STREET
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3471873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIPPER, MARC
110 W. ORANGE STREET
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZIPPER, MARK
Address: 110 W. ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: ASENJO, ANTHONY
Address: 110 W. ORANGE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARC ZIPPER

MR

07/03/2006

Electronic Signature of Signing Officer or Director

Date