

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000066283

**Entity Name:** RELIANT DENTAL SOLUTIONS, INC.

**Current Principal Place of Business:**

2335 9TH STREET NORTH  
SUITE 405  
NAPLES, FL 34103

**Current Mailing Address:**

2335 9TH STREET NORTH  
SUITE 405  
NAPLES, FL 34103

**FEI Number:** 27-0698099

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HALEY, DAVID  
2335 9TH STREET NORTH  
SUITE 405  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title            P  
Name            HALEY, DAVID  
Address        2335 9TH STREET NORTH, SUITE 405  
  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID HALEY

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date