

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000066283

Entity Name: RELIANT DENTAL SOLUTIONS, INC.

Current Principal Place of Business:

3435 10TH ST N
SUITE 202
NAPLES, FL 34103

Current Mailing Address:

3435 10TH ST N
SUITE 202
NAPLES, FL 34103 US

FEI Number: 27-0698099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HALEY, DAVID
3435 10TH ST N
SUITE 202
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 3435 10TH ST N
SUITE 202
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

04/25/2016

Electronic Signature of Signing Officer/Director Detail

Date