

**2021 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**

**03/30/2021**

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

\_\_\_\_\_  
Date