

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000011698

**Entity Name:** QUALITY CARE PROTECTION WARRANTY, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC2641110018**

**Current Principal Place of Business:**

SAWGRASS FORD  
14501 W SUNRISE BLVD  
SUNRISE, FL 33323

**Current Mailing Address:**

14501 W SUNRISE BLVD  
SUNRISE, FL 33323 US

**FEI Number:** 65-0658082

**Certificate of Status Desired:** No

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

PORTLEY, PETER AESQ  
2211 E SAMPLE RD STE 204  
LIGHTHOUSE POINT, FL 33064 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 MENTEN, DAVID  
Address 3640 PARK COURT  
City-State-Zip: WESTON FL 33332

Title VP  
Name MENTEN, DEBORAH  
Address 1415 E LAKE DRIVE  
City-State-Zip: FT LAUDERDALE FL 33316

Title ST  
Name MARINELLI, DALE  
Address 6006 PINWOOD AVE  
City-State-Zip: PARKLAND FL 33067

*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 MENTEN

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date