

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216501614
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1.) CORPORATION NAME: IDEAL DENTAL CARE, INC.	DUE DATE: 2/29/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OMAR ABUHJLEH 2429 WINTHROP DR CHARLOTTESVILLE, VA	SCC ID NO: 07880750				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2
CLASS	AUTHORIZED				
COMMON	2				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2429 winthrop drive CITY/ST/ZIP: charlottesville, VA 22911	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: OMAR ABUHJLEH TITLE: DIRECTOR ADDRESS: 2429 WINTHROP DR CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: YASER NASIF TITLE: DIRECTOR ADDRESS: 7626 VAN HOY DR CITY/ST/ZIP/CO: N CHESTERFIELD, VA 23235	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ OMAR ABUHJLEH	OMAR ABUHJLEH, DIRECTOR	1/5/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.