2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# P08000092781

Entity Name: MALCOLM MEISTER DDS, MSM, JD, P.A.

Current Principal Place of Business:

801 NE 167TH STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162 US

New Principal Place of Business:

3000 ISLAND BLVD
SUITE 2704
AVENTURA, FL 33160 US

Current Mailing Address:

801 NE 167TH STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

3000 ISLAND BLVD
SUITE 2704
AVENTURA, FL 33160 US

FEI Number: 26-3905158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEISTER, MALCOLM
801 NE 167TH STREET
SUITE 302
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

MEISTER, MALCOLM
3000 ISLAND BLVD
SUITE 2704
AVENTURA, FL 33160 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: MALCOLM MEISTER 06/22/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEISTER, MALCOLM
Address: 801 NE 167TH STREET, SUITE 302
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEISTER, MALCOLM
Address: 3000 ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MALCOLM MEISTER P 06/22/2009
Electronic Signature of Signing Officer or Director Date