

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F97000000645</b>	
1. Entity Name <b>THE PREMIER DENTAL GROUP, INC.</b>	
Principal Place of Business <b>15800 32ND AVE N #120 PLYMOUTH, MN 55447</b>	Mailing Address <b>15800 32ND AVE N #120 PLYMOUTH, MN 55447</b>



**DO NOT WRITE IN THIS SPACE**

03212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>41-1694906</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARGROVE, PAMELA S 15800 32ND AVE N #120 PLYMOUTH, MN 55447</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FARRELL, TIM 15800 32ND AVE N #120 PLYMOUTH, MN 55447</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BROMEN, BRUCE 657 MAIN ST ELK RIVER, MN 55330</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCMILLAN, DONALD G DDS 898 MENDAKOTA CT MENDOTA HEIGHTS, MN 551201338</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SINGSANK, TOM 3405 ANNNPOLIS LANE N PLYMOUTH, MN 55447</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1107001275886  
03/25/05-80010-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Pamela S. Hargrove*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAMELA S. HARGROVE  
PRESIDENT**

**3-21-05**

Date

**763-559-5435**

Daytime Phone #