

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000645

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: THE PREMIER DENTAL GROUP, INC.

## Current Principal Place of Business:

15800 32ND AVE N #120  
PLYMOUTH, MN 55447

## New Principal Place of Business:

## Current Mailing Address:

15800 32ND AVE N #120  
PLYMOUTH, MN 55447

## New Mailing Address:

FEI Number: 41-1694906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARGROVE, PAMELA S  
Address: 15800 32ND AVE N #120  
City-St-Zip: PLYMOUTH, MN 55447

Title: V ( ) Delete  
Name: FARRELL, TIM  
Address: 15800 32ND AVE N #120  
City-St-Zip: PLYMOUTH, MN 55447

Title: T ( ) Delete  
Name: BROMEN, BRUCE  
Address: 657 MAIN ST  
City-St-Zip: ELK RIVER, MN 55330

Title: D ( ) Delete  
Name: MCMILLAN, DONALD G DDS  
Address: 898 MENDAKOTA CT  
City-St-Zip: MENDOTA HEIGHTS, MN 551201338

Title: D ( ) Delete  
Name: SINGSANK, TOM  
Address: 3405 ANNNPOLIS LANE N  
City-St-Zip: PLYMOUTH, MN 55447

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAMELA SHAW HARGROVE

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date