2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# J65907

Entity Name: HEDLUND DENTAL, INC.

Current Principal Place of Business:

4284 ENTERPRISE AVE
SUITE B4
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

4284 ENTERPRISE AVE
SUITE B4
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2808479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEDLUND, DAVID
574 WEST PLACE
NAPLES, FL US

Name and Address of New Registered Agent:

HEDLUND, DAVID
574 WEST PLACE
NAPLES, FL 34104 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: 02/14/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HEDLUND, DAVID E
Address: 574 WEST PLACE
City-St-Zip: NAPLES, FL 34108

Title: ST ( ) Delete
Name: HEDLUND, SUSAN D
Address: 574 WEST PLACE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID HEDLUND PRES 02/14/2008
Electronic Signature of Signing Officer or Director Date