

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99547
1. Entity Name
DENTAL-LEGAL ADVISORS, INC.



Principal Place of Business Mailing Address
7737 NORTH UNIVERSITY DRIVE, SUITE 100 7737 NORTH UNIVERSITY DRIVE, SUITE 100
FORT LAUDERDALE, FL 33321-2968 FORT LAUDERDALE, FL 33321-2968

DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)
4. FEI Number Applied For
65-0225925 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISH, ROBERT J
7737 NORTH UNIVERSITY DRIVE, SUITE 100
TAMARAC, FL 33321

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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: *Robert J Fish* DATE: 1/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D FISH, ROBERT 7737 N UNIVERSITY DR TAMARAC, FL
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00000002636
01/13/04-80018-016 150.00

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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: *Robert J Fish* DATE: 1/8/04 954720-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR