


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 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



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0225925 Not Applicable

6. 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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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* 1/4/07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FISH, ROBERT
STREET ADDRESS	7737 N UNIVERSITY DR
CITY-ST-ZIP	TAMARAC, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.

SIGNATURE: *Robert J Fish* ROBERT FISH 1/4/07 954-720-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #