

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000084294

Entity Name: FERN P. LE, D.M.D., INC.

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

65 NEILSON STREET, STE 135  
WATSONVILLE, CA 95076

**New Principal Place of Business:**

65 NEILSON STREET  
SUITE 135  
WATSONVILLE, CA 95076

**Current Mailing Address:**

65 NEILSON STREET, STE 135  
WATSONVILLE, CA 95076

**New Mailing Address:**

65 NEILSON STREET  
SUITE 135  
WATSONVILLE, CA 95076

FEI Number: 65-1045723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHUONG LE, FERN  
1175 NE MIAMI GARDENS DR, UNIT 807  
MIAMI, FL 33179 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: PHUONG LE, FERN  
Address: 1175 NE MIAMI GARDENS DR, UNIT 807  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: FERN PHUONG LE, DMD

CEO

04/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date