2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# P04000102074

Entity Name: PROFESSIONAL DENTAL SOLUTIONS, INC.

Current Principal Place of Business:

7900 NW 27TH AVE
MIAMI, FL 33147

New Principal Place of Business:

7900 NW 27TH AVE
SUITE 275
MIAMI, FL 33147

Current Mailing Address:

7900 NW 27TH AVE
MIAMI, FL 33147

New Mailing Address:

7900 NW 27TH AVE
SUITE 275
MIAMI, FL 33147

FEI Number: 20-1342085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAZ, GERTRUDIS
16424 NW 33 AVE
NORTH MIAMI BEACH, FL 33160 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: DP ( ) Delete
Name: DIAZ, GERTRUDIS
Address: 16424 NE 33 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: DS ( ) Delete
Name: RODRIGUEZ, LUIS
Address: 16424 NE 33 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DDS (X) Change ( ) Addition
Name: DIAZ, GERTRUDIS
Address: 16424 NE 33 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: GERTRUDIS DIAZ DDS 02/10/2009
Electronic Signature of Signing Officer or Director Date