

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046109

FILED
Feb 09, 2009
Secretary of State

Entity Name: DENTAL HEALTH LAW FIRM, P.A.

Current Principal Place of Business:

12693 TAMIAMI TRAIL EAST
#102
NAPLES, FL 34113

New Principal Place of Business:

C/O DHLF
2338 IMMOKALEE RD., #424
NAPLES, FL 34110 US

Current Mailing Address:

12693 TAMIAMI TRAIL EAST
#102
NAPLES, FL 34113

New Mailing Address:

C/O DHLF
2338 IMMOKALEE RD., #424
NAPLES, FL 34110 US

FEI Number: 20-8831353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: D () Delete
Name: SHAW, ELLEN
Address: 12693 TAMIAMI TRAIL EAST, #102
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHAW, ELLEN
Address: C/O DHLF, 2338 IMMOKALEE RD., #424
City-St-Zip: NAPLES, FL 34110 US

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: ELLEN SHAW

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date