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AC 6/28/10
E. DENNARD

TO: Amendment Section of Division of Corporations (fax #: 850-245-6897)

SUBJECT: ROYAL DENTAL, P.A. ADDRESS CHANGE REQUEST

DOCUMENT NUMBER: P07000052545

Please Update the Principal Office Address and Mailing Address of Royal Dental, P.A. to the following:

ELLEN SHAW

Name of Contact Person


C/O SLF, 2338 IMMOKALEE RD., #424

Updated Address

NAPLES, FL 34110

City/State and Zip Code

Thank you for your time and care.

 June 28/10

Signature of Director / Date

ELLEN SHAW / DIRECTOR

Typed Name and Title

RECEIVED
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