

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082483

FILED
Jan 19, 2009
Secretary of State

Entity Name: PREMIER DENTAL SOLUTIONS INC.

Current Principal Place of Business:

11130 NORTH KENDALL DRIVE., SUITE 202
MIAMI, FL 33173

New Principal Place of Business:

11130 NORTH KENDALL DRIVE
SUITE 202
MIAMI, FL 33173

Current Mailing Address:

11130 NORTH KENDALL DRIVE., SUITE 202
MIAMI, FL 33173

New Mailing Address:

11130 NORTH KENDALL DRIVE
SUITE 202
MIAMI, FL 33173

FEI Number: 26-0600750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLAN, DORALIO S DDS
11130 NORTH KENDALL DRIVE., SUITE 202
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

MILLAN, DORALIO S DDS
11130 NORTH KENDALL DRIVE
SUITE 202
MIAMI, FL 33173 US

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: DORALIO S. MILLAN DDS

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MILLAN, DORALIO S DDS
Address: 11130 NORTH KENDALL DRIVE., SUITE 202
City-St-Zip: MIAMI, FL 33173

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: DORALIO S. MILLAN

DR.

01/19/2009

Electronic Signature of Signing Officer or Director

Date