I hereby 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 all other like empowered.

SIGNATURE: STEVE POLLOCK

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT
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DOCUMENT# P02000092408

Entity Name: SHAMROCK DENTAL FRANCHISES, INC.

## **Current Principal Place of Business:**

1490 PASADENA AVENUE S. SOUTH PASADENA, FL 33707

## **Current Mailing Address:**

1490 PASADENA AVENUE S. SOUTH PASADENA, FL 33707

# FEI Number: 54-2078308

## Name and Address of Current Registered Agent:

BRINKLEY, LINSTER ESQ 111 SECOND AVE. N.E. #900 ST PETERSBURG, FL 33701 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:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	POLL	Title	Р	
Name	POLLOCK, STEVE V	Name	POLLOCK, ALBERT B	
Address	1490 PASADENA AVE. S.	Address	1490 PASADENA AVE S.	
City-State-Zip:	SOUTH PASADENA FL 33707	City-State-Zip:	SOUTH PASADENA FL 33707	

Certificate of Status Desired: No

Date

PRESIDENT

Jul 18, 2017 Secretary of State CC2569791410

FILED

07/18/2017 Date