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.

Electronic Signature of Signing Officer/Director Detail

Entity Name: SHAMROCK DENTAL FRANCHISES, INC. **Current Principal Place of Business:**

1490 PASADENA AVENUE S. SOUTH PASADENA. FL 33707

DOCUMENT# P02000092408

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

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Officer/Director Detail :

POLL	Title	Р
POLLOCK, STEVE V	Name	POLLOCK, ALBERT B
1490 PASADENA AVE. S.	Address	1490 PASADENA AVE S.
SOUTH PASADENA FL 33707	City-State-Zip:	SOUTH PASADENA FL 33707
	POLL POLLOCK, STEVE V 1490 PASADENA AVE. S.	POLLTitlePOLLOCK, STEVE VName1490 PASADENA AVE. S.Address

01/10/2014 SIGNATURE: STEVE POLLOCK PRESIDENT

FILED Jan 10, 2014 Secretary of State CC9181447139

Date

Certificate of Status Desired: No

Date