

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000070116

**Entity Name:** SHAMROCK DENTAL CO. INC.

**Current Principal Place of Business:**

1490 PASADENA AVE S  
SOUTH PASADENA, FL 33707

**Current Mailing Address:**

1490 PASADENA AVE S  
SOUTH PASADENA, FL 33707 US

**FEI Number:** 59-3203236

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRINKLEY, LINSTER E  
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:** LINSTER E. BRINKLEY

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                      |
|-----------------|----------------------|-----------------|----------------------|
| Title           | D                    | Title           | P                    |
| Name            | POLLOCK, STEVE V     | Name            | POLLOCK, ALBERT B    |
| Address         | 1490 PASADENA AVE S  | Address         | 1490 PASADENA AVE S. |
| City-State-Zip: | SO PASADENA FL 33707 | City-State-Zip: | SO PASADENA FL 33707 |

*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

**PRESIDENT**

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date