

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000013346

**Entity Name:** DENTAL PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

15 SARANAC RD  
SEA RANCH LAKES, FL 33308

**Current Mailing Address:**

15 SARANAC RD  
SEA RANCH LAKES, FL 33308

**FEI Number: 73-1643763**

**Certificate of Status Desired: No**

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

MUCKEY, STEVEN D  
15 SARANAC RD  
SEA RANCH LAKES, FL 33308 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            MGR  
Name            MUCKEY, STEVEN D  
Address        15 SARANAC RD  
City-State-Zip: SEA RANCH LAKES FL 33308

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: STEVEN D. MUCKEY**

**MANAGER**

**01/08/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date