

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000049267

**Entity Name:** DENTAL PRACTICE GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

7341 OFFICE PARK PLACE STE 101  
MELBOURNE, FL 32940

**Current Mailing Address:**

7341 OFFICE PARK PLACE STE 101  
MELBOURNE, FL 32940 US

**FEI Number:** 27-2528796

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGRM  
Name CHRISTIE, TODD E  
Address 8586 EDEN ISLES LN  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name CHRISTIE FAMILY LP  
Address 8586 EDEN ISLES LN  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** TODD CHRISTIE

MGRM

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date