

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049267

Entity Name: DENTAL PRACTICE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

8195 N. WICKHAM ROAD, SUITE 210
MELBOURNE, FL 32940

Current Mailing Address:

8195 N. WICKHAM ROAD, SUITE 210
MELBOURNE, FL 32940

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD CHRISTIE

MGRM

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date