

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000049267

Entity Name: DENTAL PRACTICE GROUP OF FLORIDA, PLLC

Current Principal Place of Business:

9400 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702

Current Mailing Address:

9400 4TH STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33702 US

FEI Number: 27-2528796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: JAMES HALPIN

01/02/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name CHRISTIE, TODD E DR.
Address 9400 4TH STREET NORTH
 SUITE 200
City-State-Zip: ST. PETERSBURG FL 33702

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: DR. TODD E. CHRISTIE

MANAGER

01/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date