

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000497

**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:** STEVEN D. MUCKEY

01/08/2015

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

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date