

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400000497

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

**Current Principal Place of Business:**

1001 W. CYPRESS CREEK RD.  
#300  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1001 W. CYPRESS CREEK RD.  
#300  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 73-1643763

**Certificate of Status Desired:** No

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

DENTAL PRACTICE MANAGEMENT, LLC  
1001 W. CYPRESS CREEK RD.  
#300  
FT. LAUDERDALE, 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

03/14/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MUCKEY, STEVEN D  
Address 1001 W. CYPRESS CREEK RD.  
#300  
City-State-Zip: FT. LAUDERDALE FL 33309

*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

03/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date