

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000853

Entity Name: DENTAL PRACTICE GROUP OF TENNESSEE LLC

Current Principal Place of Business:

8586 EDEN ISLES LN
MERRITT ISLAND, FL 32952

Current Mailing Address:

8586 EDEN ISLES LN
MERRITT ISLAND, FL 32952

FEI Number: 27-4066714

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHRISTIE, TODD E
8586 EDEN ISLES LN
MERRITT ISLAND, FL 32952 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

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 E CHRISTIE

MGRM

03/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date