

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092408

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** SHAMROCK DENTAL FRANCHISES, INC.

**Current Principal Place of Business:**

1490 PASADENA AVENUE S.  
SOUTH PASADENA, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

1490 PASADENA AVENUE S.  
SOUTH PASADENA, FL 33707

**New Mailing Address:**

**FEI Number:** 54-2078308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRINKLEY, LINSTER ESQ  
111 SECOND AVE. N.E.  
#900  
ST PETERSBURG, FL 33701 US

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

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

**OFFICERS AND DIRECTORS:**

Title: POLL  
Name: POLLOCK, STEVE V  
Address: 1490 PASADENA AVE. S.  
City-St-Zip: SOUTH PASADENA, FL 33707

Title: P  
Name: POLLOCK, ALBERT B  
Address: 1490 PASADENA AVE S.  
City-St-Zip: SOUTH PASADENA, FL 33707

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE POLLOCK

PRES

04/11/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date