

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000052715

Entity Name: FRANKLIN DENTAL GROUP LLC

Current Principal Place of Business:

3619 W MORRISON AVE
TAMPA, FL 33629

Current Mailing Address:

PO BOX 18452
TAMPA, FL 33679-2203

FEI Number: 27-0657929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRANKLIN, KEVIN A
3110 W SAN MIGUEL ST
TAMPA, FL 33629 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: KEVIN A FRANKLIN

03/05/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	FRANKLIN, KEVIN DR	Name	FRANKLIN, BRIAN
Address	3110 W SAN MIGUEL ST	Address	1325 MINERAL SPRINGS RD
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	HOSCHTON GA 30548

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: BRIAN FRANKLIN

MGRM

03/05/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date