

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000030763

Entity Name: DENTAL ASSOCIATES OF PLANT CITY PLLC

Current Principal Place of Business:

1701 SOUTH ALEXANDER STREET
SUITE 114
PLANT CITY, FL 33566

Current Mailing Address:

710 EAST REYNOLDS STREET
PLANT CITY, FL 33563 US

FEI Number: 45-1057413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARDIN, JR., BENJAMIN W. ESQ.
1905 BARTOW ROAD
LAKELAND, FL 33801 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: BENJAMIN W. HARDIN, JR., ESQ.

04/28/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DENTAL ASSOCIATES OF FLORIDA
 MANAGEMENT SERVICES CO., LLC
Address 710 EAST REYNOLDS STREET
City-State-Zip: PLANT CITY FL 33563

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: DENTAL ASSOCIATES OF FLORIDA MANAGEMENT SERVICES CO., LLC

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date