

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000030763

Entity Name: DENTAL ASSOCIATES OF PLANT CITY PLLC

Current Principal Place of Business:

1701 S. ALEXANDER ST., SUITE 113
PLANT CITY, FL 33566

Current Mailing Address:

710 EAST REYNOLDS STREET
PLANT CITY, FL 33653 US

FEI Number: 45-1057413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTO, CURRAN KESQ
410 SOUTH WARE BLVD
SUITE 404
TAMPA, FL 33619 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 MGR
Name DENTAL ASSOC OF FL MANAGEMENT
SVCS CO LLC
Address 710 EAST REYNOLDS STREET
City-State-Zip: PLANT CITY FL 33653

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A MUELLER

PRESIDENT

04/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date