

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000097673

**Entity Name:** DENTAL ASSOCIATES OF CENTRAL BRANDON, PLLC

**Current Principal Place of Business:**

647 WEST LUMSDEN ROAD  
BRANDON, FL 33511

**Current Mailing Address:**

710 EAST REYNOLDS STREET  
PLANT CITY, FL 33563 US

**FEI Number:** 47-1171044

**Certificate of Status Desired:** No

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

HARDIN, JR., BENJAMIN W. ESQ.  
1905 BARTOW ROAD  
LAKE LAND, 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