



MINNESOTA
DEPARTMENT OF
COMMERCE



85 7th Place East, Suite 500
St. Paul, Minnesota 55101-2198
www.commerce.state.mn.us
651.296.4026 FAX 651.297.1959
An equal opportunity employer

April 13, 2011

LINSTER E BRINKLEY JR

111 SECOND AVE NE SUITE 900
SAINT PETERSBURG, FL 33701

Re: F-6457

SHAMROCK DENTAL FRANCHISES INC
SHAMROCK DENTAL FRANCHISES INC F/A

Dear Mr. Brinkley:

The Annual Report has been reviewed and is in compliance with Minnesota Statute Chapter 80C and Minnesota Rules Chapter 2860.

This means that there continues to be an effective registration statement on file and that the franchisor may offer and sell the above-referenced franchise in Minnesota.

The franchisor is not required to escrow franchise fees, post a Franchise Surety Bond or defer receipt of franchise fees during this registration period.

As a reminder, the next annual report is due within 120 days after the franchisor's fiscal year end, which is December 31, 2011.

Sincerely,

MIKE ROTHMAN
Commissioner

By:

Daniel Sexton
Commerce Analyst Supervisor
Registration Division
(651) 296-4520

MR:DES:dlw

APR 12 2011
Rec'd [Signature]**Form A - Uniform Franchise Registration Application****UNIFORM FRANCHISE REGISTRATION APPLICATION**File No. F-6457
(Insert file number of immediately preceding filing of Applicant)State: Minnesota Fee: \$200.00**APPLICATION FOR (Check only one):**

- INITIAL REGISTRATION OF AN OFFER AND SALE OF FRANCHISES
- RENEWAL APPLICATION OR ANNUAL REPORT
- PRE-EFFECTIVE AMENDMENT
- POST-EFFECTIVE MATERIAL AMENDMENT

1. Full legal name of Franchisor: **SHAMROCK DENTAL FRANCHISES, INC.**
2. Name of the franchise offering: **SHAMROCK DENTAL**
3. Franchisor's principal business address:
**1490 PASADENA AVE.
SOUTH PASADENA, FL 33707**
4. Name and address of Franchisor's agent in this State authorized to receive service of process: **MINNESOTA: COMMISSIONER OF COMMERCE
85 7TH PLACE EAST, SUITE 500
ST. PAUL, MN 55101-2198**
5. The states in which this application is or will be shortly on file:
CALIFORNIA, MARYLAND, NEW YORK, AND VIRGINIA

4-13-11
A/n
12/31

6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:

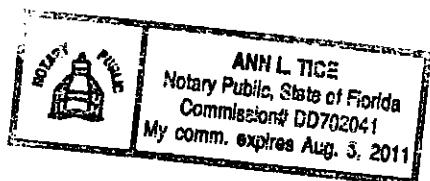
LINSTER E. BRINKLEY, ESQ.
LAW OFFICES OF LINSTER E. BRINKLEY, JR. P.A.
111 SECOND AVENUE, N.E. - SUITE 900
ST. PETERSBURG, FLORIDA 33701
(727) 322-9400
LIN@BRINKLECAL.COM

Certification

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of March 25, 2011 attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at _____, March 30, 2011

Franchisor:

SHAMROCK DENTAL FRANCHISES, INC.By: Name: Steve PollockTitle: PresidentBy: 
Title: Notary PublicMy commission expires: Aug 5, 2011

(Seal)

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