

**Form 3804** Rev. 04/2016

**This space reserved for office use only**

**Submit to:**  
**SECRETARY OF STATE**  
**Registrations Unit**  
**P O Box 13193**  
**Austin, TX 78711-3193**  
**512-475-0775**



**DENTAL SUPPORT ORGANIZATION  
BUSINESS SUPPORT SERVICES  
ADDENDUM**

*Include with the Dental Support Organization Registration when number of dentists exceeds space provided.*

Dentist Name: _____
Name of Professional Entity or Dental Practice: _____
Business Address ( <i>Please include street address, city, state and zip code</i> ): _____
Describe all business support services provided: _____

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