

Form 3803 Rev. 04/2016

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



**DENTAL SUPPORT ORGANIZATION
OWNERSHIP INFORMATION
ADDENDUM**

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

Name: _____ Dentist Owner: Non-Dentist Owner:

Business Address *(Please include street address or P.O. box, city, state and zip code):*

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