

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000064750

**Entity Name:** PARK AVENUE DENTAL, P.A.

**Current Principal Place of Business:**

912 NW 56 TERRACE  
SUITE B  
GAINESVILLE, FL 32605

**Current Mailing Address:**

912 NW 56 TERRACE  
SUITE B  
GAINESVILLE, FL 32605

**FEI Number:** 80-0212548

**Certificate of Status Desired:** No

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

GOSLINGA, CODY S  
337 SW 128TH TERR  
NEWBERRY, FL 32669 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

**Officer/Director Detail :**

Title P/D  
Name GOSLINGA, SHANE N  
Address 12951 SW 5TH PLACE  
City-State-Zip: NEWBERRY FL 32669

Title S/D  
Name GOSLINGA, CODY S  
Address 337 SW 128TH TERR  
City-State-Zip: NEWBERRY FL 32669

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANE GOSLINGA

P/D

04/22/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date