

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000086217

**Entity Name:** HIGHLAND PARK DENTAL, PA

**Current Principal Place of Business:**

11210 SOUTH MOBLEY ROAD  
TAMPA, FL 33626

**Current Mailing Address:**

11505 WELLMAN DRIVE  
RIVERVIEW, FL 33578 US

**FEI Number:** 26-3388849

**Certificate of Status Desired:** No

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

SHOCHET, RANDALL M  
1880 N. CONGRESS AVE  
SUITE 205  
BOYNTON BEACH, FL 33426 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 MR  
Name RICKS, CLAYTON L  
Address 11505 WELLMAN DRIVE  
City-State-Zip: RIVERVIEW FL 33578

*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:** CLAYTON L. RICKS

MGR

04/30/2014

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

\_\_\_\_\_  
Date