

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000084140

**Entity Name:** PIKE PEDIATRIC DENTISTRY PA

**Current Principal Place of Business:**

1865 NW BOCA RATON BLVD  
SUITE 102  
BOCA RATON, FL 33432

**Current Mailing Address:**

1865 NW BOCA RATON BLVD  
SUITE 102  
BOCA RATON, FL 33432 US

**FEI Number:** 45-3456618

**Certificate of Status Desired:** No

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

PIKE, TALIA  
299 NW 20TH AVE  
BOCA RATON, FL 33486 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                   |
| Name            | PIKE, TALIA         |
| Address         | 299 NW 20TH AVE     |
| City-State-Zip: | BOCA RATON FL 33486 |

*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:** TALIA PIKE

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date