

2014 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
575 NE 5TH AVE
BOCA RATON, FL 33432 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 575 NE 5TH AVE
City-State-Zip: BOCA RATON FL 33432

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

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date