

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S39278

**Entity Name:** RANDALL T. CALIFF, D.D.S., P.A.

**Current Principal Place of Business:**

6890 MIRAMAR PKWY  
MIRAMAR, FL 33023

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC3289393850**

**Current Mailing Address:**

123 NIGHTHAWK AVENUE  
PLANTATION, FL 33324 US

**FEI Number:** 65-0235625

**Certificate of Status Desired:** No

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

CALIFF, RANDALL T.  
6890 MIRAMAR PKWY  
MIRAMAR, FL 33023 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           | PST                | Title           | D                 |
| Name            | CALIFF, RANDALL T. | Name            | CALIFF, RANDALL T |
| Address         | 6890 MIRAMAR PKWY  | Address         | 6890 MIRAMAR PKWY |
| City-State-Zip: | MIRAMAR FL         | City-State-Zip: | MIRAMAR FL 33023  |

*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:** RANDALL CALIFF DDS, PA

**OWNER**

**04/23/2014**

Electronic Signature of Signing Officer/Director Detail

Date