

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L38382

**Entity Name:** ZENITH DENTAL ENTERPRISES, P.A.

**Current Principal Place of Business:**

708 WEST JACKSON STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

708 WEST JACKSON STREET  
ORLANDO, FL 32805

**FEI Number:** 59-2986324

**Certificate of Status Desired:** No

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

DORSEY, T.J.  
708 WEST JACKSON STREET  
ORLANDO, FL 32805 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            PTS  
Name            DORSEY, DR. T.J.  
Address        708 WEST JACKSON STREET  
City-State-Zip: ORLANDO FL 32805

*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:** DR. T.J. DORSEY DDS PA

**PRESIDENT**

**02/19/2014**

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

\_\_\_\_\_ Date