

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000010045

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC3107024945**

**Entity Name:** THORNTON PARK DENTAL ARTS, P.A.

**Current Principal Place of Business:**

1200 E ROBINSON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

1200 E ROBINSON ST  
ORLANDO, FL 32801

**FEI Number:** 45-4893123

**Certificate of Status Desired:** No

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

ANGULO, JORGE R  
1200 E ROBINSON ST  
ORLANDO, FL 32801 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 PVST  
Name ANGULO, JORGE R  
Address 743 N. FERNCREEK AVE.  
City-State-Zip: ORLANDO FL 32803

Title PD  
Name ANGULO, JORGE R  
Address 743 N. FERNCREEK AVE.  
City-State-Zip: ORLANDO FL 32803

*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:** JORGE ANGULO

PVST

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date