

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000014018 (5)**

1. Corporation Name

**DALE A. ROLANDO, D.M.D. AND SUE E. ROLANDO, D.M.D., P.A.**



Principal Place of Business

Mailing Address

4303 CURRY FORD ROAD  
SUITE 900  
ORLANDO FL 32806  
US

255 SOUTH ORANGE AVE.  
STE. 1600  
ORLANDO FL 32801  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3163423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

DIAMOND, PHILIP A  
255 SOUTH ORANGE AVE.  
STE. 1600  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME: ROLANDO, SUE E DMD  
STREET ADDRESS: 4303 CURRY FORD RD.  
CITY- ST- ZIP: ORLANDO FL 32806

TITLE  DELETE

NAME: ROLANDO, DALE A DMD  
STREET ADDRESS: 4303 CURRY FORD RD.  
CITY- ST- ZIP: ORLANDO FL 32806

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE  Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE  Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE  Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE  Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE  Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sue E. Rolando D.M.D., Sue E. Rolando Feb. 19, 1996 (407) 898-7401*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)