


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000014018

1. Entity Name
DALE A. ROLANDO, D.M.D. AND SUE E. ROLANDO, D.M.D., P.A.



Principal Place of Business 4396 LAKE UNDERHILL RD. ORLANDO, FL 32803 US	Mailing Address 4396 LAKE UNDERHILL RD. ORLANDO, FL 32803 US
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3163423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CFRA, LLC
 ONE HARBOUR PLACE
 777 S. HARBOUR ISLAND BOULEVARD
 TAMPA, FL 33602-5730**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ROLANDO, SUE E DMD 4396 LAKE UNDERHILL ROAD ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROLANDO, DALE A DMD 4396 LAKE UNDERHILL ROAD ORLANDO, FL 32803
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 01/14/04-80009-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sue E. Rolando D.M.D. Sue E. Rolando D.M.D.* January 8, 2004 (407) 898-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #