

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005552

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** DR. VIRGINIA M. NOCE, D.D.S., P.A.

**Current Principal Place of Business:**

8100 ROYAL PALM BLVD  
SUITE 110  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8100 ROYAL PALM BLVD  
SUITE 110  
CORAL SPRINGS, FL 33065

FEI Number: 65-0895720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

8100 ROYAL PALM BLVD  
SUITE 110  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

8100 ROYAL PALM BLVD  
SUITE 110  
CORAL SPRINGS, FL 33065 US

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

NOCE, VIRGINIA M D.D.S.  
8100 ROYAL PALM BLVD  
SUITE 110  
CORAL SPRINGS, FL 33065 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NOCE, VIRGINIA M DDS  
Address: 8100 ROYAL PALM BLVD, SUITE 110  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: NOCE, VIRGINIA M DDS  
Address: 8100 ROYAL PALM BLVD, SUITE 110  
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. VIRGINIA MARIE NOCE

DDS

04/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date