

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014018

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

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC9265440364**

**Current Principal Place of Business:**

4396 LAKE UNDERHILL RD.  
ORLANDO, FL 32803

**Current Mailing Address:**

4396 LAKE UNDERHILL RD.  
ORLANDO, FL 32803 US

**FEI Number: 59-3163423**

**Certificate of Status Desired: No**

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 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           DVT  
Name           ROLANDO, SUE EDMD  
Address        4396 LAKE UNDERHILL ROAD  
City-State-Zip: ORLANDO FL 32803

Title           DPS  
Name           ROLANDO, DALE ADMD  
Address        4396 LAKE UNDERHILL ROAD  
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: SUE ROLANDO DMD**

**VICE-PRES**

**02/12/2016**

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

\_\_\_\_\_  
Date