

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90024 033 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 692763**

1. Entity Name  
ROLAND A. FEDERICO, D.D.S., P.A.



Principal Place of Business  
C/O ROLAND A. FEDERICO  
1409 KINGSLEY AVE #9F, PK PROFESSIONALS  
ORANGE PARK, FL 32073

Mailing Address  
C/O ROLAND A. FEDERICO  
1409 KINGSLEY AVE #9F, PK PROFESSIONALS  
ORANGE PARK, FL 32073

66026032



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2100540

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

FEDERICO, ROLAND A.  
1409 KINGSLEY AVE #9F, PK PROFESSIONALS  
ORANGE PARK, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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

*R. Federico*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

8-16-05

**FILE NOW! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
FEDERICO, ROLAND A  
3221 BLISS ROAD  
ORANGE PARK, FL 00000.

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*R. Federico*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-16-05



ATTACHMENT

660026032

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 3, 2005

ROLAND A. FEDERICO, D.D.S., P.A.  
C/O ROLAND A. FEDERICO  
1409 KINGSLEY AVE #9F, PK PROFESSIONALS  
ORANGE PARK, FL 32073

Subject: **ROLAND A. FEDERICO, D.D.S., P.A.**

Reference Number: **692763**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION