


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 692763</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FEDERICO, ROLAND A. 1409 KINGSLEY AVE #9F, PK PROFESSIONALS ORANGE PARK, FL 32073		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FEDERICO, ROLAND A 3221 BLISS ROAD ORANGE PARK, FL 00000,	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.		
SIGNATURE: <i>X Roland G. Federico</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>X 2-16-07</i> 904-264-5806 <small>Date Daytime Phone #</small>



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2100540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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03/27/07-80044-024 150.00

**DO NOT WRITE  
IN THIS SPACE**