

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90001 044 ***150.00

DOCUMENT # K55197

1. Entity Name
R.R. ROSANELLI, D.D.S., P.A.



Principal Place of Business
3333 W KENNEDY BLVD
SUITE 202
TAMPA, FL 33609 US

Mailing Address
C/O JONATHAN L. ALPERT
100 SOUTH ASHLEY DR., STE. 2000
TAMPA, FL 33602

54056307



2. Principal Place of Business

3. Mailing Address

3225 S. MacDill Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 129-265

03202003

Chg-P

CR2E034 (10/03)

City & State

City & State

Tampa, FL

4. FEI Number

59-2925428

Applied For

Not Applicable

Zip

Country

Zip

33629

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALPERT, JONATHAN L.
100 SOUTH ASHLEY DR.
SUITE 2000
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

E. Jackson Boggs

Street Address (P.O. Box Number is Not Acceptable)

501 E. Kennedy Blvd.

Suite 1700

City

Tampa

FL

Zip Code

33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 ☐ Delete
NAME ROSANELLI, ROSE R.
STREET ADDRESS 3333 W.KENNEDY BLVD #202
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME ROSANELLI, ROSE R.
STREET ADDRESS 3333 W.KENNEDY BLVD #202
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-26-04

813 230 0849