


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 028 ***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 3225 S. MACDILL AVENUE UNIT 129-265 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # 3333	3. Mailing Address 3301 Bayshore Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2203
City & State	City & State Tampa, FL
Zip	Zip 33629
Country	Country USA



02222008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2925428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BOGGS, E. JACKSON 501 E. KENNEDY BLVD STE 1700 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROSANELLI, ROSE R 3333 W.KENNEDY BLVD #202 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ROSANELLI, ROSE R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3301 Bayshore Blvd Suite 2203 Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LUTHER, DONNA 3333 W.KENNEDY BLVD #202 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Luther, Donna <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4361 Pine Meadow Lane Sarasota, FL 34233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Rosanelli, Rose R. Rosanelli, President* February 22, 2008
Telephone (813) 230-0849