


FILED

Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00210 (9)					
1. Corporation Name RONALD J. ROZANSKI, D.M.D., P.A.					
Principal Place of Business C/O RONALD J. ROZANSKI 1500 S.E. 17TH STREET, BUILDING 300 OCALA FL 32671			Mailing Address C/O RONALD J. ROZANSKI 1500 S.E. 17TH STREET, BUILDING 300 OCALA FL 32671		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip Country			28 Zip Country		
24 Country			30 Country		
g. Name and Address of Current Registered Agent					
ROZANSKI, RONALD J. 1500 S.E. 17TH STREET BUILDING 300 OCALA FL 32671				81 Name	
				82 Street Address	
				83	
				84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP		PS ROZANSKI, RONALD J., DMD 7660 S. MAGNOLIA EXT OCALA FL		DELETE	
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP				DELETE	
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP				DELETE	
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP				DELETE	
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP				DELETE	
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP				DELETE	
13.					
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66.1 TITLE		66.2 NAME		66.3 STREET ADDRESS	
67.1 TITLE		67.2 NAME		67.3 STREET ADDRESS	
68.1 TITLE		68.2 NAME		68.3 STREET ADDRESS	
69.1 TITLE					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified			
06/28/1989			
4. FEI Number	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
59-2954353			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROZANSKI, RONALD J. 1500 S.E. 17TH STREET BUILDING 300 OCALA FL 32671	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	83		
	84	City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regis office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ROZANSKI, RONALD J., DMD 7660 S. MAGNOLIA EXT OCALA FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

## CONCLUSIONS

changed, or on an attachment with an address.

4/13/98 352-732-6676