Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90088 032 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L00210

1. Corporation Name

RONALD J. ROZANSKI, D.M.D., P.A.

		·	•								
Principal Place of Business Mailing Address											
C/O RONALD J. ROZANSKI C/			/O RONALD J. ROZANSKI								
1500 S.E. 17TH STREET. BUILDING 300 1500 S.E. 17TH STRE				BUILDING	300		SO NOT WOITE IN	TI 110 00			
OCALA FL 32671 OCALA FL 32671							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 06/28/1989				
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	Applied For			
21		26	26				59-2954353			t Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	- \$		dditional	
22	·	27	27						Fee Re	quired	
City & Stat	е	City &	City & State				6. Election Campaign Financing	:	\$5.00		
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip		co	untry		8. This corporation owes the current ye			_	
24	25	29		30			Personal Property Tax.		<u>, </u>	□No	
	9. Name and Address of Curr	ent Registered A	gent		 		10. Name and Address of New Registr	ered Age	<u>nt</u>		
	unale partie				81	Name					
ROZANSKI, RONALD J.					82 Street Address (P.O. Box Number is Not Acceptable)						
	S.E. 17TH STREET						,				
BUIL	DING 300				83				_		
OCA	LA FL 32671							1_	T 7:- C	<u></u>	
					84	City		FL 8	5 Zip C	ode	
agent. I a	m familiar with, and accept the obli	gations of, Sectior	1 607.0505, Flo	irida Sta	tutes.		ation's board of directors. I hereby accept the a				
12.		AND DIRECTORS		13.		· orginatar o / o qu	ADDITIONS/CHANGES TO OFFICER	S AND D	IRECTO	RS IN 12	
TITLE '	PS	THE BUILD FOR	☐ DELETE	_	TLE				Change	☐ Addition	
NAME	ROZANSKI, RONALD J., DMI	1			IAME	ļ				ł	
	TAGE O MAGNIOUS EVE	•				ADDRESS					
STREET ADDRESS	OCALA FL									ł	
CITY-ST-ZIP	OCALA FL		☐ DELETE	_	πY-S1	-ZI**			Change	Addition	
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NAME											
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STREET ADDRESS						ADDRESS				ļ	
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NAME					NAME						
STREET ADDRESS)					ADDRESS					
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NAME				- 1	AME	-				ļ	
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CITY-ST-ZIP					СПY-S	T-ZIP					
TITLE .			DELETE	6.17	ΠE				Change	Addition	
NAME ''				6.21	MAME	\ \				ĺ	
STREET ADDRESS				6.3 8	STREET	ADDRESS					

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 offanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP":