


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L17219*
 1. Entity Name
GUS S. LAROCCA D.D.S., P.A.



Principal Place of Business % GUS S. LAROCCA 7305 W SAMPLE ROAD STE 103 CORAL SPRINGS, FL 33065	Mailing Address % GUS S. LAROCCA 7305 W SAMPLE ROAD STE 103 CORAL SPRINGS, FL 33065
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01072004 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0150540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LAROCCA, GUS S.
 7305 W SAMPLE RD
 CORAL SPRINGS, FL 33065**

DO NOT WRITE IN THIS SPACE

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LA ROCCA, GUS S 7305 W SAMPLE ROAD CORAL SPRINGS, FL
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 01/21/04-80005-005 150.00

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:  **GUS S. LAROCCA P.A.S.** 1-16-04 954-345-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #