


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 05, 2008 08:00 A
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
--	--

DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0150540	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000816136
02/14/08-80037-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA ROCCA, GUS S 7305 W SAMPLE ROAD CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: GUS S. LAROCCA, P.A.S.S. **1-30-08** **954-345-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #