


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90025 031 ***150.00

| | | |
|---|--|---|
| DOCUMENT # P01000020659 | |  |
| 1. Entity Name SCOTT N. FOLINO, DDS, PA | | |

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|--|--|
| Principal Place of Business 34911 US HWY 19 N STE 624 PALM HARBOR FL 34684 | Mailing Address 34911 US HWY 19 N STE 624 PALM HARBOR FL 34684 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E034 (10/04)

| | | |
|---|--|--|
| 4. FEI Number 59-3699348 | | 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 SCHALLES, LARRY CPA 5320 MAIN STREET NEW PORT RICHEY FL 34652 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
|---|--|--|--|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State. | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOLINO, SCOTT N 4900 WELLBROOKE DRIVE NEW PORT RICHEY FL 34653 <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 |
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| 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 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: *Scott N. Folino DDS* **Scott N. Folino DDS** 3/21/05 727-784-0214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #