2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000020659

1. Entity Name
SCOTT N. FOLINO, DDS, PA

Principal Place of Business	Mailing Address
34911 US HWY 19 N STE 624 PALM HARBOR, FL 34684	34911 US HWY 19 N STE 624 PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2699348	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHALLES, LARRY CPA
5320 MAIN STREET
NEW PORT RICHEY, FL 34652

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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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

U00000412908
02/10/06-80067-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	FOLINO, SCOTT N
STREET ADDRESS	4900 WELLBROOKE DRIVE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Scott N._ DDS Scott N. Folino (president) 1/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #