2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 08:00 AN Secretary of State

ANNUAL REPORT					
DOCUMENT # P01000120006 1. Entity Name R. J. ROZANSKI, D.M.D., P.A.					
Principal Place of Business 1500 SE 17TH STREET BLDG 300 OCALA, FL 34471	•		Mailing Address 1500 SE 17TH STR OCALA, FL 34471	REET BLDG	300
•	,	•			

03122008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 26-0029489 Applied For \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROZANSKI, RONALD J DO NOT WRITE 1500 SE 17TH STREET BLDG 300 OCALA, FL 34471 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! - FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be .U00000858205 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. " · \square Added to Fees 04/01/08-80036-005 150.00 10, OFFICERS AND DIRECTORS TITLE NAME ROZANSKI, RONALD J STREET ADDRESS 1500 SE 17TH STREET BLDG 300 CITY-ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED AME OF SIGNING OFFICER O

3/12/08

(352) 732-6676

Daytime Phone #