

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90052 034 \*\*\*150.00

DOCUMENT # P93000020978

1. Corporation Name

ROLANDO PONCE D.D.S. & VIVIAN MEDINA-PONCE D.D.S.  
P.A.

Principal Place of Business

3910 NORTHDALE BLVD.  
STE. 204  
TAMPA FL 33624  
US

Mailing Address

3910 NORTHDALE BLVD.  
STE. 204  
TAMPA FL 33624  
US

2. Principal Place of Business

21 15711 MAPLEDALE BLVD

Suite, Apt. #, etc.

22 STE B

City & State

23 TAMPA, FL

Zip

24 33624

Country

25 US

2a. Mailing Address

26 15711 MAPLEDALE BLVD

Suite, Apt. #, etc.

27 STE B

City & State

28 TAMPA, FL

Zip

29 33624

Country

30 US

9. Name and Address of Current Registered Agent

PONCE, ROLANDO DR  
4113 APPLE BLOSSOM ROAD  
LUTZ FL 33549

3. Date Incorporated or Qualified

01/31/1993

4. FEI Number

59-3196721

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME PONCE, ROLANDO  
STREET ADDRESS 4113 APPLE-BLOSSOM  
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

TITLE VD  
NAME MEDINA-PONCE, VIVIAN  
STREET ADDRESS 4113 APPLE-BLOSSOM  
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

(813) 264-0286

Date

Daytime Phone #

CR2E034 (11/98)