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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -2 AM 10:15

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TALLAHASSEE, FLORIDA



DOCUMENT # P97000008621

1. Entity Name
DOUGLAS A. ROLFE, D.D.S., DENTISTRY, P.A.

Principal Place of Business
BOCA PLAZE II
333 WEST CAMINO GARDENS BLVD
BOCA RATON, FL 33432

Mailing Address
BOCA PLAZE II
333 WEST CAMINO GARDENS BLVD
BOCA RATON, FL 33432



03272006 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0718281 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROLFE, DOUGLAS A
BOCA PLAZA III
333 WEST CAMINO GARDENS BLVD
BOCA RATON, FL 33432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and "N/A" if applicable (NOTE: Registered Agent signature required when reappointing)

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROLFE, DOUGLAS A DDS
STREET ADDRESS	333 WEST CAMINO GARDENS BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432
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: Douglas A. Rolfe 4/17/06 561-395-4500
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtake Phone #