

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088416

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: ROCA DIAGNOSTIC LABORATORY, INC.

## Current Principal Place of Business:

3380 SE LAKE WEIR RD  
UNIT F  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

3380 SE LAKE WEIR RD  
UNIT F  
OCALA, FL 34471 US

## New Mailing Address:

FEI Number: 59-3472941

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROJANO FIDES, MARIE S  
3380 SE LAKE WIER RD. UNIT F  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: CASILE, ELLEN V  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

Title: ST ( ) Delete  
Name: CASILE, BENJAMIN A  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

Title: STS ( ) Delete  
Name: CASILE, ERNA  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

Title: P ( ) Delete  
Name: ROJANO FIDES, M S  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

Title: OM ( ) Delete  
Name: ROJANO, JOSE A  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

Title: T ( ) Delete  
Name: ROJANO, LETICIA  
Address: 3380 SE LAKE WEIR RD  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FIDES MARIE S. ROJANO

P

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date