2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2006 8:00 am Secretary of State

DOCUMENT # P99000016502 1. Entity Name D. ROSS TADDEO DDS PA							07-17-2006	90142 (036 ***15	0.00	
Principal Place	a of Rusinass		Mailing Address	-		,	*AAAAA*	•			
Principal Place of Business 1987 S ALAFAYA TRAIL, SUITE 225 ORLANDO, FL 32828 Mailing Address 1987 S ALAFAYA TRAIL, SUITE ORLANDO, FL 32828 ORLANDO, FL 32828					5		* * *				
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2. Principal Place of Business 156 SATATAYA TO Suite, Apt. #, etc.			3. Mailing Address 1561-5 Alafaya-TF Suite, Apt. #, etc.		√Ti≃	 					
LOO	#, etc.	•	Suite, Apt. #, etc.	•		07052006	Chg-P	CR2E0	34 (11/05)		
City & State	e .		City & State			4. FEI Numbe	ſ		Ap	plied For	
OFIA		FL	orlando,	FL		59-3556	850			t Applicable	
3282		Country	32828	Country			of Status Desired		\$8.75 Add Fee Required	itional 1	
	6. Name a	and Address of Current F	Registered Agent		Name	7. Name and	Address of New R	egistered .	Agent		
TADDEO,	D. ROSŠ								**** *		
1987 S ALAFAYA TRAIL, SUITE 225 ORLANDO, FL 32828					Street Address (P.O. Box Numbe	r is Not Acceptable	e) 			
	*										
					City	FL Zip Code					
8. The above	named entity	submits this statement for	the purpose of changing its	registered o	office or register	ed agent, or both	h, in the State of Flo	rida. Lam	tamiliar with,	and accept	
the obligat	tions of registe	red agent.									
SIGNATURE_	Signature, typed or	r printed name of registered agent a	and title if applicable. (NOTE	: Registered Ag	ent signature required	i when reinstating)		DATE	,		
FILÉ NOW!!! FEE IS \$150.00 9. Election Campaign Finar Trust Fund Contribution.											
						.00 May Be led to Fees	In accordance v corporation did	vith s. 607 not receiv	7.193(2)(b), æ the prior r	F.S., the notice.	
D:		tember 6, 2006	Trust Fund Contr			ed to Fees	corporation did	not receiv	e the prior r	notice.	
			Trust Fund Contr	ribution.		ed to Fees	In accordance v corporation did CHANGES TO OFF	not receiv	e the prior r	notice.	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-06

407 4823700

Date

Daytime Phone #