

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600696

**Entity Name:** ROCKLEDGE DENTAL, P.A.

**Current Principal Place of Business:**

1950 ROCKLEDGE BLVD  
SUITE 207  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 US

**FEI Number:** 59-1228697

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLEN, RUSSELL  
6240 LAKE OSPREY DR.  
SARASOTA, FL 34240 US

*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:** RUSSELL ALLEN

01/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           GALLO, DONALD  
Address        6240 LAKE OSPREY DR.  
City-State-Zip: SARASOTA FL 34240

*I hereby 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 all other like empowered.*

**SIGNATURE:** DONALD GALLO

PC OWNER

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date