

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000111515

**Entity Name:** ROLANDO PONCE, D.D.S., P.A.

**Current Principal Place of Business:**

15711 MAPLEDALE BLVD  
TAMPA, FL 33624

**Current Mailing Address:**

15711 MAPLEDALE BLVD  
TAMPA, FL 33624 US

**FEI Number:** 57-1212495

**Certificate of Status Desired:** No

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

PONCE, ROLANDO D.D.S.  
14916 EVERSINE ST  
TAMPA, FL 33624 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DR  
Name PONCE, ROLANDO D.D.S.  
Address 14916 EVERSINE ST.  
City-State-Zip: TAMPA FL 33624

*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:** ROLANDO PONCE

OWNER

01/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date