


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000058327

1. Entity Name
STEPHEN W. KONCSOL, PH.D., PA



Principal Place of Business Mailing Address
13200 S.W. 32ND COURT **13200 S.W. 32ND COURT**
DAVIE, FL 33330 **DAVIE, FL 33330**

DO NOT WRITE IN THIS SPACE



03102006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
65-0766669 Not Applicable

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

6. Name and Address of Current Registered Agent

GERO, THOMAS A
300 S. PINE ISLAND RD., STE. 237
PLANTATION, FL 33324-2619

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	DPST KONCSOL, STEPHEN W 13200 S.W. 32ND COURT DAVIE, FL 33330
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 04/12/06-80053-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: Stephen W. Koncsol, Ph.D., PRES. 03-24-2006 954-535-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #