

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 478965

1. Entity Name

TICICH AND BAROGIANNIS, D.M.D.'S, P.A.



Principal Place of Business

2440 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308

Mailing Address

2440 EAST COMMERCIAL BLVD
FT LAUDERDALE, FL 33308



04052006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1614126

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWARTHOUT, KATHRYN
240 S.E. 10 AVENUE
POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

B. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD
NAME	TICICH, KATHLEEN M., D.M.D.
STREET ADDRESS	2440 E. COMMERCIAL BLVD.
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	VPD
NAME	BAROGIANNIS, CONSTANTINOS DMD
STREET ADDRESS	2440 E COMMERCIAL BLVD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000523920
05/03/06-80081-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

CONSTANTINOS BAROGIANNIS DMD VP 4/19/06 954-771-1900

Date

Daytime Phone #