## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # 480025

1. Entity Name ALLEN I. RUTCHIK, PH.D., P.A.



Principal Place of Business 9260 SUNSET DRIVE, #203 MIAMI, FL 33156 Mailing Address
ONE GROVE ISLE DRIVE
# 907
MIAMI, FL 33133

## FILED Apr 13, 2005 08:00 AM Secretary of State

MIAMI, FL 33133							
DO NOT WRITE IN THIS SPACE				04062005	No Chg-P	CR2E034 (10/03)	
DO NOT WHILE IN THIS SPAC			<b>~ L</b>	4. FEI Number 59-160		Applied For Not Applicable  \$8.75 Additional	
6. Name and Address of Current Registered Agent						Fee Required	
RUTCHIK, 9260 SUN # 203 MIAMI, FL	, ALLEN SET DRIVE	DO NOT WRITE IN THIS SPACE					
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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent agnature of the state of the stat				5.00 May Be ided to Fees		DATE	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTCHIK, ALLEN ONE GROVE ISLE DRIVE # 907 MIAMI, FL 33133						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 04/13/05	0300795 -80006-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

LUEN KUTCHIK-4/8(05 (305) 800

Davlime Phone #