## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # 480025** 1. Entity Name ALLEN I. RUTCHIK, PH.D., P.A. Principal Place of Business Mailing Address 9260 SUNSET DRIVE, #203 ONE GROVE ISLE DRIVE MIAMI, FL 33156 # 907 MIAMI, FL 33133 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1606531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTCHIK, ALLEN DO NOT WRITE 9260 SUNSET DRIVE # 203 IN THIS SPACE MIAMI, FL 33173 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RUTCHIK, ALLEN STREET ADDRESS ONE GROVE ISLE DRIVE # 907 CITY-ST-ZIP MIAMI, FL 33133 U00000689391 04/11/07-80057-011 150.80 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 charged, or on an attachingnit with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP