

DOCUMENT # K44196			
1. Entity Name LEA M. KRONACHER, D.D.S., P.A.			
Principal Place of Business 8720 N. KENDALL DR.. STE. #218 MIAMI FL 33176		Mailing Address 8720 N. KENDALL DR.. STE. #218 MIAMI FL 33176-2198	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GREEN, JERRY 9200 SOUTH DADELAND BLVD. SUITE 208, DADELAND TOWERS NORTH MIAMI FL 33156			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 -- After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta	
11. OFFICERS AND DIRECTORS			
TITLE	D KRONACHER, LEA M. 1541 BRICKELL AVE., #3902 MIAMI FL <input type="checkbox"/> Delete		12.
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
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TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
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CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
TITLE	<input type="checkbox"/> Delete		CITY-ST-ZIP
NAME			TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: ✓ <i>L. Kronacher</i> RECEIVED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Daytime Phone #

CR2E034 (9/99)