2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L80211

1. Entity Name
MICHAEL TUNICK D.D.S., P.A.

Principal Place of Business	Mailing Address
13645 WEYBURNE DR DELRAY BEACH, FL 33446 US	13645 WEYBURNE DR DELRAY BEACH, FL 33446 US

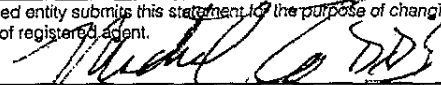## DO NOT WRITE IN THIS SPACE

01142005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0225229		Not Applicable

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

6. Name and Address of Current Registered Agent

TUNICK, MICHAEL
13645 WEYBURNE DR
DELRAY BEACH, FL 33446

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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 _____   DATE 1-17-05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)
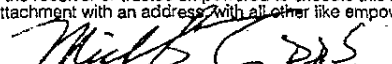
FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUNICK, MICHAEL
STREET ADDRESS	13645 WEYBURNE DR
CITY-ST-ZIP	DELRAY BEACH, FL 33446

100000190318
01/24/05-80129-009 150.00

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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: _____ MICHAEL TUNICK DDS, 1-17-05 561-499774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #