

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90187 047 ***150.00

DOCUMENT # P00000016462

1. Entity Name
KATHRYN M. KRONFORST, C.R.N.A., PA



Principal Place of Business
3805 LAWSON BLVD
DELRAY BEACH FL 33445

Mailing Address
3805 LAWSON BLVD
DELRAY BEACH FL 33445

90010157



2. Principal Place of Business

3805 Lawson Blvd

3. Mailing Address

3805 Lawson Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number 65-0991646

Applied For
 Not Applicable

Zip
33445

Country
USA

Zip
33445

Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONFORST, KATHRYN
3805 LAWSON BLVD
DELRAY BEACH FL 33445

3805 Lawson Blvd

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Kathryn Kronforst*
Signature, typed or printed name of registered agent and title if applicable.

Kathryn Kronforst
(NOTE: Registered Agent signature required when reinstating)

1-22-2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	KRONFORST, KATHRYN	3805 LOWSON BLVD	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kathryn Kronforst*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002 (561)496-3117
Date Daytime Phone #

CR2E034 (10/02)