2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Apr 05, 2004 08:00 A			
DOCU	MENT # P000001018	A. 18.26				of State	
Dritty Name PETER KURACHEK, D.M.D., P.A.						•	
PEIERK	URACHEK, D.W.D., P.A.						
Principal Plac	e of Business	Mailing Address					
		7317 N. TAMIAMI TRAIL					
SARASOTA, F	·L 34243	SARASOTA, FL 34243					
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Г	O NOT WRITE						Applied For
	1 10 10 10 10			4. FEI Number 65-1046	369		Not Applicable
	in the second			5. Certificate of	Status Desired		75 Additional
	6. Name and Address of Current R	ncistored Agent		<u> </u>		ree	Required
C. Hanis and Address of Constitution Legistered Agent					,		
KURACHEK, PETER				DO 1	W TOP	RITE	
207 ST. SJÄMES PARK OSPREY, FL 34229				INI T	HIS SF	MCE	
				114 1	nio of	ACE	
i I					er e	,	e e e e e e e e e e e e e e e e e e e
	named entity submits this statement for	he purpose of changing its registe	red office or register	ed agent, or both,	in the State of Flo	orlda. I am famil	ar with, and accept
the obligations of registered agent.					mo	11/2 31.	VnU
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Register	ed Agent signature required	(when renstating)	7742	DAYE	<u> </u>
	÷						-
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee Will be \$550.00 Trust Fund Contribution:				.00 May Be ed to Fees			
10.	OFFICERS AND D	RECTORS	1				
TITLE	D KURACHEK, PETER D.M.D.		i				
STREET ADDRESS	7317 N. TAMIAMI TRAIL				U000001	N2346	د میں اور
C/TY-ST-ZIP	SARASOTA, FL 34243				.0000001 14/05/04 - 8	ooii-oio	150.00
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STREET ADDRESS CITY-ST-ZIP	A CONTRACTOR CONTRACTOR	Or I want to account					A CONTRACTOR OF STREET
TITLE	1 1 1 1 1 1 1 1 1 1	<u>त्र प्रमुख्यान्यम्बद्धाः स्टब्स् ६३०</u> सम्बद्धाः स्टब्स्	1	and the first of the			
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STREET AUDRESS		د بوځي لايه او د د د د د د د د د د د د د د د د د د					

12. I hereby certify that the information supplied with this filling 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 affactors, with all other like empowered.

SIGNATURE:

When the information supplied with this filling 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 of supplied with the information indicated on this report or supplied with this filling 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 supplied with this filling 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 supplied with this filling 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the