


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P01000033107 1. Entity Name NEIL L. KRONICK, D.D.S., P.A. |  |
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|---|---|
| Principal Place of Business 630 GLADES RD. BOCA RATON, FL 33431 | Mailing Address 630 GLADES RD. BOCA RATON, FL 33431 |
|---|---|



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 65-1103243 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent KRONICK, NEIL L 630 GLADES RD. BOCA RATON, FL 33431 | DO NOT WRITE IN THIS SPACE |
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8. _____ in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (insizing) _____ DATE _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRONICK, NEIL L 630 GLADES RD. BOCA RATON, FL 33431 |
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02/10/05-80089-021 150.00

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12. _____ changed, or on an attachment with an address, with all other like empowered.

I, Florida Statutes. I further certify that the information if made under oath; that I am an officer or director d that my name appears in Block 10 or Block 11 if

| | | | |
|---|------------------------|---------------------|--------------------------------|
| SIGNATURE: <u>Neil L. Kronick</u> | <u>NEIL L. KRONICK</u> | <u>2-8-05</u> | <u>561-394-7878</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | <small>Daytime Phone #</small> |