

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000033107

1. Entity Name

NEIL L. KRONICK, D.D.S., P.A.



Principal Place of Business

**630 GLADES RD.
BOCA RATON, FL 33431**

Mailing Address

**630 GLADES RD.
BOCA RATON, FL 33431**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1103243

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRONICK, NEIL L
630 GLADES RD.
BOCA RATON, FL 33431**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**000000387696
01/19/06-80047-023 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME KRONICK, NEIL L
STREET ADDRESS 630 GLADES RD.
CITY-ST-ZIP BOCA RATON, FL 33431**

**TITLE
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CITY-ST-ZIP**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Neil L. Kronick D.D.S. PA

1-11-06

561-394-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #