2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State
03-20-2008 90035 016 ***150.00

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DOCUMENT # P01000033107

1. Entity Name
NEIL L. KRONICK, D.D.S., P.A.

Principal Place of Business	Mailing Address
630 GLADES RD. BOCA RATON, FL 33431	630 GLADES RD. BOCA RATON, FL 33431

03062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	4033 NEW CASTLE ROAD Suite, Apt. #, etc.
City & State	SCHENECTADY, NEW YORK City & State
Zip / Country	Zip 12303 / Country USA

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	7. Name and Address of New Registered Agent
KRONICK, NEIL L 630 GLADES RD. BOCA RATON, FL 33431	Name: KRONICK, NEIL L. Street Address (P.O. Box Number is Not Acceptable): CORNWALL C-2052 BOCA RATON City: FL Zip Code: 33434

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, 2008 Fee will be $550.00

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

10 OFFICERS AND DIRECTORS		11 ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRONICK, NEIL L. 630 GLADES RD. BOCA RATON, FL 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 4033 NEW CASTLE ROAD SCHENECTADY, NEW YORK 12303
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 NEIL L. KRONICK 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

518-280-4920
Daytime Phone #