

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000037584		
1. Entity Name KRAMER DENTAL, P.A.		
Principal Place of Business 1852 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	Mailing Address 1852 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
DO NOT WRITE IN THIS SPACE		
01152006 No Chg-P CR2E034 (11/05)		
4. FEI Number 75-3052433		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KRAMER, RICHARD S 1852 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957		
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. RICHARD S. KRAMER, DMD. (NOTE: Registered Agent signature required when reinstating) 4/9/06 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, RICHARD S 1852 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, EDILENE P 1852 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ RICHARD S. KRAMER, DMD 4/9/06 6020 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



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