

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90029 039 ***150.00

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1. Entity Name
PROFESSIONAL CENTRE-K.T.C., INC.



Principal Place of Business

616 E ATLANTIC AVE
DELRAY BCH, FL 33483

Mailing Address

616 E ATLANTIC AVE
DELRAY BCH, FL 33483

50000936

2. Principal Place of Business - No P.O. Box #

2515 S.R. 7
#230

3. Mailing Address

2515 S.R. 7
#230

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

01132007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1167990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRALL, MARK L
616 E ATLANTIC AVE
DELRAY BCH, FL 33483

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME GERTZ, RICHARD D ☐ Delete
STREET ADDRESS 616 E ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VID
NAME MARK D. STANLEY ☐ Change ☒ Addition
STREET ADDRESS 2515 S.R. 7, #230
CITY-ST-ZIP Wellington, FL 33414

TITLE VID
NAME Richard Dale Gertz Jr. ☐ Change ☒ Addition
STREET ADDRESS 2515 S.R. 7, #230
CITY-ST-ZIP Wellington, FL 33414

TITLE VID
NAME Mark DiCarolis ☐ Change ☒ Addition
STREET ADDRESS 2515 S.R. 7, #230
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

[Signature] Professional Centre-K.T.C., Inc 1/12/07 954410188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #