9549428981 LOUIS MAMO & COMPANY

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FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90984 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000104156

1. Entity Name
DIONYS S. BRUNNER, P.A.

66020295

04302005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5824 N. PLUM BAY PKWY TAMARAC, FL 33321	5824 N. PLUM BAY PKWY TAMARAC, FL 33321

2. Principal Place of Business	3. Mailing Address
1704 S.W. 9th STREET	1704 S.W. 9th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 56-2470089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNNER, DIONYS S
5824 N. PLUM BAY PKWY
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name: BRUNNER, DIONYS S.
Street Address (P.O. Box Number is Not Acceptable): 1704 S.W. 9th STREET
City: FT. LAUDERDALE FL Zip Code: 33312

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: X [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/29/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUNNER, DIONYS S 5824 N. PLUM BAY PKWY TAMARAC, FL 33321	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRUNNER, DIONYS S. 1704 S.W. 9th STREET FT. LAUDERDALE FL 33312	☒ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: X [signature] (Signature and typed or printed name of signing officer or director) Date: 4/29/05 Daytime Phone #: 954-627-6660