2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000001996

1. Entity Name
MICHAEL R. TRAMONTANA, D.C., P.A.

Principal Place of Business	Mailing Address
2238-E WEST ATLANTIC AVE E DELRAY BEACH, FL 33445 US	2238-E WEST ATLANTIC AVE DELRAY BEACH, FL 33445 US

01312006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0383797	Not Applicable
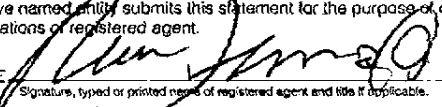
5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TRAMONTANA, MICHAEL R
2811 S GARDEN DR
APT 211
LAKE WORTH, FL 33461

**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)   2-14-06   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	P
NAME	TRAMONTANA, MICHAEL R
STREET ADDRESS	2811 S GARDEN DR #211
CITY-ST-ZIP	LAKE WORTH, FL. 33461

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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02/28/06-80030-018 150.00

**DO NOT WRITE
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: _____   2-14-06.   561 272-604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #