


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90451 023 ***150.00

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|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000050781 1. Entity Name ALAN H. KUCZYNSKI, M.D., P.A. |  |
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| Principal Place of Business 7710 N.W. 71 COURT SUITE 103 TAMARAC, FL 33321 US | Mailing Address 5983 NW 91ST. AVE. PARKLAND, FL 33067 US |
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03032004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0591458 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DOUGLAS, BRANDON J 7710 NW 71ST CT STE 103 TAMARAC, FL 33321 |
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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.

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|-----------------|------------|
| SIGNATURE _____ | DATE _____ |
|-----------------|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|----------------------------------------------------|--------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KUCZYNSKI, ALAN H 5983 NW 91ST. AVE. PARKLAND, FL 33067 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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.

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| SIGNATURE: <u>Alan H. Kuczynski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Alan H. Kuczynski | 3/9/2004 | 954-9784007 |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|----------|-------------|