

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 A
Secretary of State

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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DO NOT WRITE IN THIS SPACE



03112008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

DOUGLAS, BRANDON J
7710 NW 71ST CT STE 103
TAMARAC, FL 33321

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KUCZYNSKI, ALAN H
STREET ADDRESS	5983 NW 91ST. AVE.
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/08-80117-020 150.00

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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: Alan H. Kuczynski ALAN H. KUCZYNSKI 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #