

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000065773

**FILED**  
**Mar 09, 2006**  
**Secretary of State**

**Entity Name:** DR. FLORIAN BRAICH, D.D.S., P.A.

**Current Principal Place of Business:**

9123 N. MILITARY TR.  
STE 200  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

**Current Mailing Address:**

9123 N. MILITARY TR.  
STE 200  
PALM BEACH GARDENS, FL 33410 US

**New Mailing Address:**

**FEI Number:** 59-3347862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAICH, FLORIAN  
9123 N. MILITARY TR.  
STE 200  
PALM BCH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

BRAICH, FLORIAN PRES  
9123 N. MILITARY TR.  
STE 200  
PALM BCH GARDENS, FL 33410 US

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.

**SIGNATURE:** DR F BRAICH DDS PHD

03/09/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** BRAICH, FLORIAN  
**Address:** 9123 N. MILITARY TR., STE 200  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DR F BRAICH DDS PHD

PRES

03/09/2006

Electronic Signature of Signing Officer or Director

Date