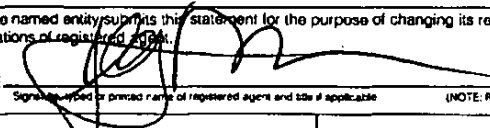
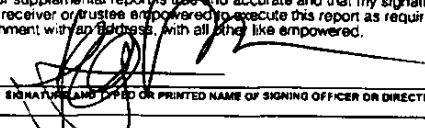


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

01-22-2007 90082 006 ***150.00

DOCUMENT # P98000059863 1. Entity Name MICHAEL M. TUCHMAN, M.D., P.A.			
Principal Place of Business 3355 BURNS ROAD #201 PALM BEACH GARDENS, FL 33410		Mailing Address 3355 BURNS ROAD #201 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 4520 Donald Ross Rd Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL Zip 33418		3. Mailing Address 4520 Donald Ross Road Suite, Apt. #, etc. Suite 200 City & State Palm Beach Gardens, FL Zip 33418	
			
		01172007 Chg-P CR2E034 (12/06)	
4. FEI Number 06-1520683		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCHMAN, MICHAEL M 72 DUNBAR ROAD PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 of officer or private name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD TUCHMAN, MICHAEL M MD 72 DUNBAR ROAD PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, JEFFREY B MD 53 DUNBAR ROAD PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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:  SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date _____ Daytime Phone # _____	

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