


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000010281</b> 1. Entity Name TIKUN HEALTH SERVICES, INC.	
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Principal Place of Business  
3000 UNIVERSITY DR  
A  
CORAL SPRINGS, FL 33065

Mailing Address  
10043 NW 48TH CT.  
CORAL SPRINGS, FL 33076



04292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0892673	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHNEIDER, PAUL  
7860 PETERS ROAD  
F-110  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRACHTMAN, JEFFREY A 10043 NW 48TH COURT CORAL SPRINGS, FL 33076
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000358264  
05/04/05-80109-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

4-28-05 954-812-5677