

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067502

FILED
Jan 12, 2005
Secretary of State

Entity Name: ARNON KRONGRAD, M.D., P.A.

Current Principal Place of Business:

21110 BISCAYNE BLVD
SUITE 208
NORTH MIAMI, FL 33181

New Principal Place of Business:

21110 BISCAYNE BLVD
SUITE 208
AVENTURA, FL 33180

Current Mailing Address:

21110 BISCAYNE BLVD
SUITE 208
NORTH MIAMI, FL 33181

New Mailing Address:

21110 BISCAYNE BLVD
SUITE 208
AVENTURA, FL 33180

FEI Number: 65-0942963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONGRAD, ARNON
12499 KEYSTONE ROAD
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRONGRAD, ARNON
Address: 12499 KEYSTONE ROAD
City-St-Zip: NORTH MIAMI, FL 33181

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 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 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: ARNON KRONGRAD

D

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date