## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 14, 2005 8:00 am Secretary of State

1. Entity Nam	ne	# S61187 TUCH, M.D., P.A.							02-14-2005	90065	032 ***1.	50.00
Principal Place of Business 5511 S CONGRESS AVE 105 ATLANTIS, FL 33462 US				Mailing Address 5511 S CONGRESS AVE 105 ATLANTIS, FL 33462 US				 	ET BYKOL (1881) INTOL (1811) INTOL		50014	-
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02022005	Chg-P	CR2E	034 (10/03)	
City & State			C	City & State				4. FEI Number Applied For 65-0282004 Not Applicable				
Zip Country			J	ZipCoun			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current	Registe	ered Agent		7. Name and Address of New Registered Agent						
DAMON, CONRAD % WARD, DAMON, BEVERLY, TITTLE & POSNER						Name Street Address (P.O. Box Number is Not Acceptable)						
4420 BEACON CIR. W. PALM BEACH, FL 33401												
						City				FL	Zip Cod	le
8. The above the obligat	tions of regist				ing its register	ed affice o	r register	ed agent, or bo	oth, in the State of Flo	orida. I am	familiar with	and accept
	Signature, typed	or printed name of registered agent	and title if a	applicable.	(NOTE: Registere	d Agent signa	ture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution						ncing		00 May Be ed to Fees				
10.		OFFICERS AND	DIRECT	ORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS	5511 S. C	RICHARD F. ONGRESS AVE #105		☐ Delete	NAM						☐ Change	Addition
CITY-ST-ZIP	ATLANTIS, FL 33460					-ST-ZIP			33462			
TITLE NAME STREET ADDRESS		RICHARD F ONGRESS AVE #105		☐ Delete	NAM						☐ Change	Addition
CITY-ST-ZIP	ATLANTIS, FL 33460					-ST-ZIP			3346Z			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5511 S. C	H, JACK S ONGRESS AVE #105 S, FL 33460	-	Delete	NAM STRE				33462		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	NAM STRE		SHE!	MAN, FI SI CON	REDERICK GRESS AVE FL 33462	9, #109	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	nam Stre			<u>,</u>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Defete	NAM Stre City	e Et address -\$t-zip		,	·		☐ Change	Addition
<ol> <li>I hereby of indicated of the corchanged,</li> </ol>	certify that the on this repor poration or the or on an atta	e information supplied with it or supplemental report is ne receiver or trustee empl achnient with an address, i	this filio true and wered to with all o	d does not qua d accurate and to execute this other like empore	alify for the exe I that my signa report as requi wered.	mption sta ture shall h red by Cha	ted in Se ave the s apter 607	ction 119.07(3) ame legal effe , Florida Statut	(i), Florida Statutes. I ct as if made under c es; and that my name	further cer bath; that it appears it	rtily that the i am an officer in Block 10 o	nformation or director r Block 11 if

RICHARD F. MERZAR E OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: Whey