


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 638651 1. Entity Name STEVEN R. KAPLAN, M.D., P.A.	
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Principal Place of Business 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140	Mailing Address 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1941277	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KAPLAN, STEVEN R
 4302 ALTON ROAD, SUITE 730
 MIAMI BEACH, FL 33140

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730 MIAMI BEACH, FL 33140
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 01/21/05-60016-023 150.00

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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: Steven R. Kaplan 1/13/05 705 534 6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEVEN R. KAPLAN, MD