


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000074489**

1. Entity Name  
 SOUTH FLORIDA MEDICAL GROUP, INC.



Principal Place of Business  
 7935 AIRPORT PULLING RD  
 SUITE #2  
 NAPLES, FL 34109

Mailing Address  
 7935 AIRPORT PULLING RD  
 SUITE #2  
 NAPLES, FL 34109



04182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 52-2258626

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, DANIEL B D.O.  
 7935 AIRPORT PULLING RD  
 SUITE #2  
 NAPLES, FL 34109

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000916700  
 05/13/08-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAPLAN, DANIEL B D.O.
STREET ADDRESS	1745 WINDING OAKS WAY
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **4-20-08** **239-596-3300**