## May 08, 2007 8:00 am Secretary of State

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ANNUAL REPORT	UN
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S. JASON KAPNICK, M.D., P.A. 40108310 Principal Place of Business Mailing Address 1411 N. FLAGLER DR. 1411 N. FLAGLER DR. **SUITE 5000 SUITE 5000** WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3345 Burns BUR NS 3345 Suite, Apt. #, etc. 203 Suite, Apt. #, etc. 203 04232007 CR2E034 (12/06) Sity & State
Palm Bch Applied For 4. FEI Number Gardens FL 65-0470593 Not Applicable Country 33410 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPNICK, JASON S 1411 N. FLAGLER DR. 335 Leeward Drive Street Address (P.O. Box Number is Not Acceptable) SUITE 5000 WEST PALM BEACH, FL 33401 Jupiter, FL 33477 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ☐ Delete Change Change ☐ Addition TITLE ח TITLE KAPNICK, S. JASON M.D. 3345 Burns Road Suite 203 NAME NAME STREET ADDRESS 1411 N. FLAGLER DR., #5000 STREET ADDRESS Palm Beach Gardens FL 33410 WEST PALM BEACH, FL 33401 CITY-SI-ZIP City-St-7iP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4127107 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR