

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000045008

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** ALEXANDER CHAPLIK, M.D., P.A.

**Current Principal Place of Business:**

6642 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

6238 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

6642 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

6238 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**FEI Number:** 65-0583622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPLIK, ALEXANDER M.D.  
6642 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

CHAPLIK, ALEXANDER M.D.  
6238 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446 US

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: ALEXANDER CHAPLIK MD

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHAPLIK, ALEXANDER M.D.  
Address: 6642 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHAPLIK, ALEXANDER MD  
Address: 6238 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33446

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: ALEXANDER CHAPLIK, MD

PRES

06/30/2005

Electronic Signature of Signing Officer or Director

Date