

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90309 013 ***150.00

DOCUMENT # P000000744891. 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

52-2258626

Applied For

Not Applicable

Zip Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KAPLAN, DANIEL B D.O.
7935 AIRPORT PULLING RD
SUITE #2
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 re-installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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	☐	☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

4/26/04

(239) 596 3300