2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State
03-30-2006 90014 027 ***150.00

DOCUMENT # 467085

1. Entity Name
KENNETH H. FARRELL, M.D., P.A.

40049...

03222006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
~~1112 EAST BROWARD BLVD.~~ ~~FORT LAUDERDALE, FL 33301~~	~~1112 EAST BROWARD BLVD.~~ ~~FORT LAUDERDALE, FL 33301~~

2. Principal Place of Business		3. Mailing Address	
6405 N. FEDERAL HWY		6405 N. FEDERAL HWY	
Suite, Apt. #, etc. 104		Suite, Apt. #, etc. 104	
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL	
Zip 33308	Country USA	Zip 33308	Country USA

4. FEI Number 59-1567174 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLOUCHA, LAWRENCE M
ONE FINANCIAL PLAZA, SUITE 1400
FORT LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FARRELL,KENNETH H.		NAME		
STREET ADDRESS	~~1112 EAST BROWARD BLVD.~~		STREET ADDRESS	6405 N. FEDERAL HWY., #104	
CITY-ST-ZIP	~~FT. LAUDERDALE, FL~~		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FARRELL, KENNETH H.		NAME		
STREET ADDRESS	1112 EAST BROWARD BLVD.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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.

SIGNATURE: [signature] 21 Mar 2006 954/938 1891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — KENNETH H. FARRELL MD — Date — Daytime Phone #