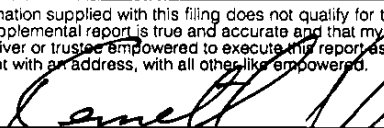


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 1112 EAST BROWARD BLVD. FORT LAUDERDALE, FL 33301			Mailing Address 1112 EAST BROWARD BLVD. FORT LAUDERDALE, FL 33301		
2. Principal Place of Business 6405 N. FEDERAL HWY Suite, Apt. #, etc. 104		3. Mailing Address 6405 N. FEDERAL HWY Suite, Apt. #, etc. 104			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL		4. FEI Number 59-1567174	
Zip 33308		Country USA		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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	PST FARRELL, KENNETH H. 1112 EAST BROWARD BLVD. FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 6405 N. FEDERAL HWY., #104 FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Delete D FARRELL, KENNETH H. 1112 EAST BROWARD BLVD. FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  21 MAR 2006 751 938 1891 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # KENNETH H. FARRELL, M.D.					