


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 483428 1. Entity Name MOSHE KEDAN, M.D., P.A.	
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Principal Place of Business 611 EAST DRUID RD #306 CLEARWATER, FL 33756 US	Mailing Address 611 EAST DRUID RD #306 CLEARWATER, FL 33756 US
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1613689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUARDT, EMIL C
400 CLEVELAND STREET
CLEARWATER, FL

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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEDAN, MOSHE 611 EAST DRUID RD #306 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEDAN, ELLA 611 EAST DRUID RD #306 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUARDT, EMIL C 845 INDIAN ROCKS ROAD BELLEAIR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1100000510097
04/28/06-80063-025 150.00

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: Moshe Kedan MD Moshe Kedan MD 4/12/06 727-441-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #