2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # 486899 I. Edity Name MARSHALL M. KAPLAN, M.D., P.A. Molting Activess 7800 WEST OMKLAND BLVD. SUMRISE, FL. 33351-3784 DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE I. FE Number Sp. 1625159 S. Certificate of Status Desired Face Required 6. Name and Address of Current Registrated Agant KAPLAN, MARSHALL M. M. 7800 OAKLAND PARK BLVD SUNRISE, FL. 33321 DO NOT WRITE IN THIS SPACE 8. The above and entity subtrits this site terrent for the purpose of changing its registered office or registrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent and the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligations of legistrated agent, or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and accept the obligation of legistrated agent or both, in the State of Porida. I am familiar with, and acc	ANNUAL REPORT				Secretary of State				
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DO NOT WRITE IN THIS SPACE A FEI Number S9-1625159 Applied For S9-1625159 No King-P CR2E034 (10/03)	7800 WEST	OAKLAND BLVD.	7800 WEST OAKLAND BLVD.			EL IUNE BINGS KRING KERGE KE	TI BIOTI BIBLI BIGO	N ANDAN BOTON BUBBRURAN NI HODO	
KAPLAN, MARSHALL M 7800 CAKLAND PARK BLVD SUNRISE, FL 33321 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 PRICERS AND DIRECTORS	D		CE	04122005 4. FEI Numb 59-162	No Chg-P per 25159	CR2E00	Applied For Not Applicable \$8.75 Additronal		
TILE NOW, IF FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 TILE P (APPLIAN, DONNA A. STREET ADDRESS CITY-ST-2P) TITLE NAME STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-STREET ADDRESS CITY-STREET ADDR	KAPLAN, MARSHALL M 7800 OAKLAND PARK BLVD								
10. OFFICERS AND DIRECTORS ITILE INME INME INME INME INVALED INTE INTE INTE INME INTE	signature_	Signature, typed or printed name of registered agent and to	ad Agent signature require	gent signature required when reinstating) DATE OB \$5.00 May Be Added to Fees U00000327487					
TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE S SAME STREET ADDRESS STREET ADDRE	10. OFFICERS AND DIRECTORS					<u> บ_ัหิ/25/บั</u> ร	<u>-800033-</u>	<u> </u>	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 trustell 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

954-741-6100

Dwytime Phone #