


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 486899
 1. Entity Name
MARSHALL M. KAPLAN, M.D., P.A.



Principal Place of Business: **7800 WEST OAKLAND BLVD. SUNRISE, FL 33351-3784**
 Mailing Address: **7800 WEST OAKLAND BLVD. SUNRISE, FL 33351-3784**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number: **59-1625159**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**KAPLAN, MARSHALL M
 7800 OAKLAND PARK BLVD
 SUNRISE, FL 33321**

DO NOT WRITE IN THIS SPACE

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, 2005 Fee will be \$550.00**

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

U00000327487
 04/25/05-80039-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAPLAN, MARSHALL M 7800 W OAKLAND PARK BLVD SUNRISE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAPLAN, DONNA A. 7800 W OAKLAND PRK BLVD SUNRISE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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

4/22/05 **954-741-6100**
 Date Daytime Phone #