


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90037 004 ***150.00

DOCUMENT # 577167 1. Entity Name JOEL I. KIMMEL, PH.D., P.A.			
Principal Place of Business 1890 UNIVERSITY DR. CORAL SPRINGS, FL 33071		Mailing Address 1890 UNIVERSITY DR. CORAL SPRINGS, FL 33071	
2. Principal Place of Business 1725 N. University Dr.		3. Mailing Address 1725 N. University Dr.	
Suite, Apt. #, etc. #350		Suite, Apt. #, etc. #350	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33071-6000		Zip 33071-6000	
Country		Country	
4. FEI Number 59-1832138		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIMMEL, JOEL I. 1890 UNIVERSITY DR. CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name <u>KIMMEL JOEL I.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1725 UNIVERSITY DR.</u> City <u>CORAL SPRINGS</u> <u>FL</u> Zip Code <u>33071</u>	
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 <u>Joel I. Kimmel</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/9/05</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P KIMMEL, JOEL I. 1890 UNIVERSITY DR. CORAL SPRINGS, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Joel I. Kimmel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/9/05</u> Daytime Phone # <u>954 755-2885</u>	

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