
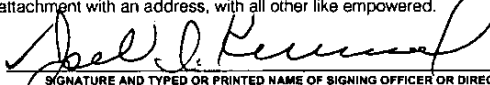


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90025 043 \*\*\*150.00

<b>DOCUMENT # 577167</b> 1. Entity Name <b>JOEL I. KIMMEL, PH.D., P.A.</b>																																					
Principal Place of Business <b>1725 N. UNIVERSITY DR #350 CORAL SPRINGS, FL 33071-6000</b>			Mailing Address <b>1725 N. UNIVERSITY DR #350 CORAL SPRINGS, FL 33071-6000</b>																																		
2. Principal Place of Business - No P.O. Box # <b>5551 N. University Dr.</b>		3. Mailing Address <b>5551 N. University Dr.</b>																																			
Suite, Apt. #, etc. <b>#102</b>		Suite, Apt. #, etc. <b>#102</b>																																			
City & State <b>Coral Springs, FL</b>		City & State <b>Coral Springs, FL</b>																																			
Zip <b>33067</b>		Zip <b>33067</b>		Country 																																	
4. FEI Number <b>59-1832138</b>																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																					
6. Name and Address of Current Registered Agent  <b>KIMMEL, JOEL I. 1725 UNIVERSITY DR CORAL SPRINGS, FL 33071</b>			7. Name and Address of New Registered Agent Name <b>Kimmel, Joel I.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5551 N. University Dr.</b> Suite #102 City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33067</b>																																		
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) Signature, typed or printed name of registered agent and title if applicable. DATE																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P KIMMEL, JOEL I. 1725 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KIMMEL, JOEL I. 1725 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>P Kimmel, Joel I. 5551 N. University Dr., #102 Coral Springs, FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Kimmel, Joel I. 5551 N. University Dr., #102 Coral Springs, FL 33067</b> <input checked="" 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 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.																																					
<b>SIGNATURE:</b>  <b>2/18/08 954 755-2885</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					

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