2007 FOR PROFIT CORPORATION

FILED Ian 29, 2007 08:00 AM

ANNUAL REPORT			Secretary of State		
MENT # 638651 R. KAPLAN, M.D., P.A.	•			Secreta	iry or state
e of Business RD 1, FL 33140	Mailing Address 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140				
		CE	01082007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 59-1941277 Not Applicable 5. Certificate of Status Desired □ \$8.75 Additional Fee Required		
KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730 MIAMI BEACH, FL 33140 8. The above named entity submits this statement for the purpose of changing its register			IN 7	THIS SPAC	E
	tita il applicable (NOTE Registare	ad Agent skýrářtuře required	when reinstating)	DA	E
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					
OFFICERS AND DI P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730 MIAMI BEACH, FL 33140	RECTORS			NOT WRI	ΓE
	MENT # 638651 R. KAPLAN, M.D., P.A. The of Business RD I., FL 33140 TO NOT WRITE 6. Name and Address of Current Reserved RD TO ROAD, SUITE 730 ACH, FL 33140 The property of the control of the c	MENT # 638651 R. KAPLAN, M.D., P.A. a of Business RD 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140 ONOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent STEVEN R DN ROAD, SUITE 730 ACH, FL 33140 named entity submits this statement for the purpose of changing its register ons of registered agent. Signature, typed or printed name of registered agent and site of applicable E NOW!!! FEE 18 \$150.00 BY 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730	MENT # 638651 R. KAPLAN, M.D., P.A. a of Business RD 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140 PO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent STEVEN R DN ROAD, SUITE 730 ACH, FL 33140 named entity submits this statement for the purpose of changing its registered office or register ons of registered agent. Signature, typed or printed name of registered agent and site of applicable E NOW!!! FEE IS \$150.00 BY 1, 2007 Fee will be \$550.00 P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730	MENT # 638651 R. KAPLAN, M.D., P.A. Address RD 4302 ALTON RD SUITE 730 MIAMI BEACH, FL 33140 O1082007 4. FEI Number 530 6. Name and Address of Current Registered Agent STEVEN R DN ROAD, SUITE 730 ACH, FL 33140 DO IN 7 named entity submits this statement for the purpose of changing its registered office or registered agent, or boons of registered agent. Signature, hybrid or printed name of registered agent and 6th of applicable E NOWILL FEE IS \$150.00 OFFICERS AND DIRECTORS P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730 MIAMI BEACH, FL 33140 DO	MENT # 638651 R. KAPLAN, M.D., P.A. a of Business RD A302 ALTON RD SUTE 730 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 O1082007 No Chg-P CR2 4. FEI Number 59-1941277 5. Certificate of Status Desired DO NOT WRITE IN THIS SPACE ON THIS SPACE ON THIS SPACE ON THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE STEVEN R ON ROAD, SUITE 730 ACH, FL 33140 IN THIS SPACE ENOWILL FEE IS \$150.00 Trust Fund Contribution Desired a pented name of registered agent and 656 d spplicable NOTE Registered Agent significance required when releasable) DATE Registered Agent significance required when releasable) P KAPLAN, STEVEN R 4302 ALTON ROAD, SUITE 730 Added to Fees

12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as refutired 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 to execute this report as refutired 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 to execute this report as refutired by Chapter 607 Florida Statutes.

SIGNATURE: X STEVEN KAPLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CLTY - ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

305-371-6200

Daytime Phone #