

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 692905**

1. Entity Name  
**MICHAEL W. KEMPLIN, M.D., P.A.**



Principal Place of Business  
**% SARASOTA SURGERY CENTER  
983 SOUTH BENEVA ROAD  
SARASOTA, FL 34232**

Mailing Address  
**% SARASOTA SURGERY CENTER  
983 SOUTH BENEVA ROAD  
SARASOTA, FL 34232**



03032006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2151166** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEMPLIN, MICHAEL W M.D.  
6128 95TH ST CIR EAST  
BRADENTON, FL 34202**

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P/S**  
NAME **KEMPLIN, MICHAEL W M.D.**  
STREET ADDRESS **6128 95TH ST CIR EAST**  
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

*Michael W. Kemplin, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/06*

DATE

*941-954-3310*

DAYTIME PHONE #