


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90208 026 \*\*\*150.00

<b>DOCUMENT # 692905</b>	
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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P.O. Box 7986</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>SARASOTA, FL</i>
Zip	Zip <i>34232</i>
Country	Country



04252008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  KEMPLIN, MICHAEL W M.D. 6128 95TH ST CIR EAST BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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/S KEMPLIN, MICHAEL W M.D. 6128 95TH ST CIR EAST BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #