## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # F61438** 02-28-2005 90186 019 \*\*\*150.00 KENNETH A. HAMBERG, D.P.M., P.A. Principal Place of Business Mailing Address 1311 S. FLAGLER DR. 1311 S. FLAGLER DR. WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 3. Mailing Address Abol N. Flagler DR 2. Principal Place of Business 2601 N. FLAGLER DR. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01302005 Cha-P 107 107 SUITE City & State Asim Beach, FL City & State Dum Beach, FL Applied For 4. FEI Number 59-2153463 Not Applicable 33407 \$8.75 Additional 5. Certificate of Status Desired 33407 ع کت 4 ZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAMBERG, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 1311 SO. FLAGLER DRIVE WEST PALM BEACH, FL 33401 2601 N. FLAGLER DR., 107 City West Parm Beach Zip Code ろろそのフ 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. 1-31-05 SIGNATURE. (NOTE: Recistered Agent signeture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change TITLE Delete HAMBERG, KENNETH A. NAME NAME STREET ADDRESS 1048 EGRET CIRCLE NORTH STREET ADDRESS JUPITER, FL 33458 CITY-ST-7IP CITY-ST-7P ☐ Delete TITLE Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition TITLE Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 1-31-05 561-655-1026 **SIGNATURE:** SIGNATURE AND TYPED OR PRINTED NAME OF S G OFFICER OR DIRECTOR

FILED

Feb 28, 2005 8:00 am