## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H84202

Entity Name: KEITH KAPATKIN, M.D., P.A.

LITHIA, FL 33547 US

City-St-Zip:

FILED Apr 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 511 MEDICAL OAKS AVENUE 511 MEDICAL OAKS AVENUE BRANDON, FL 335115961 BRANDON, FL 335115961 US **Current Mailing Address: New Mailing Address:** 511 MEDICAL OAKS AVENUE 511 MEDICAL OAKS AVENUE BRANDON, FL 335115961 BRANDON, FL 335115961 US FEI Number: 59-2629547 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAPATKIN, KEITH 1003 MORFIELD LANE BRANDON, FL 33511 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KAPATKIN, KEITH Name: Name: 1003 MORFIELD LANE Address: Address: City-St-Zip: BRANOON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MALIK, AZHAR Name: 15101 TEAL RISE WAY Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH KAPATKIN P 04/02/2007